

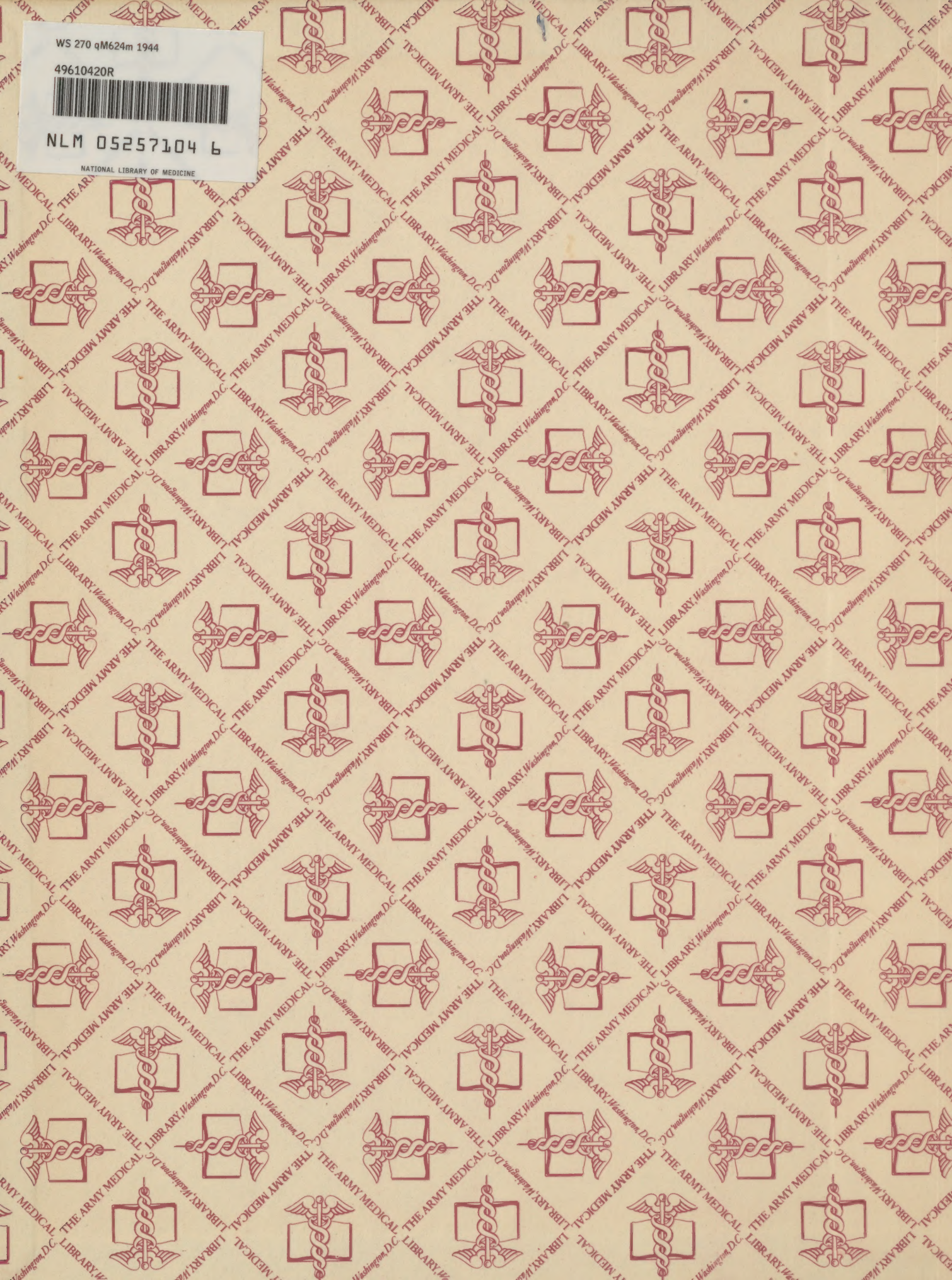
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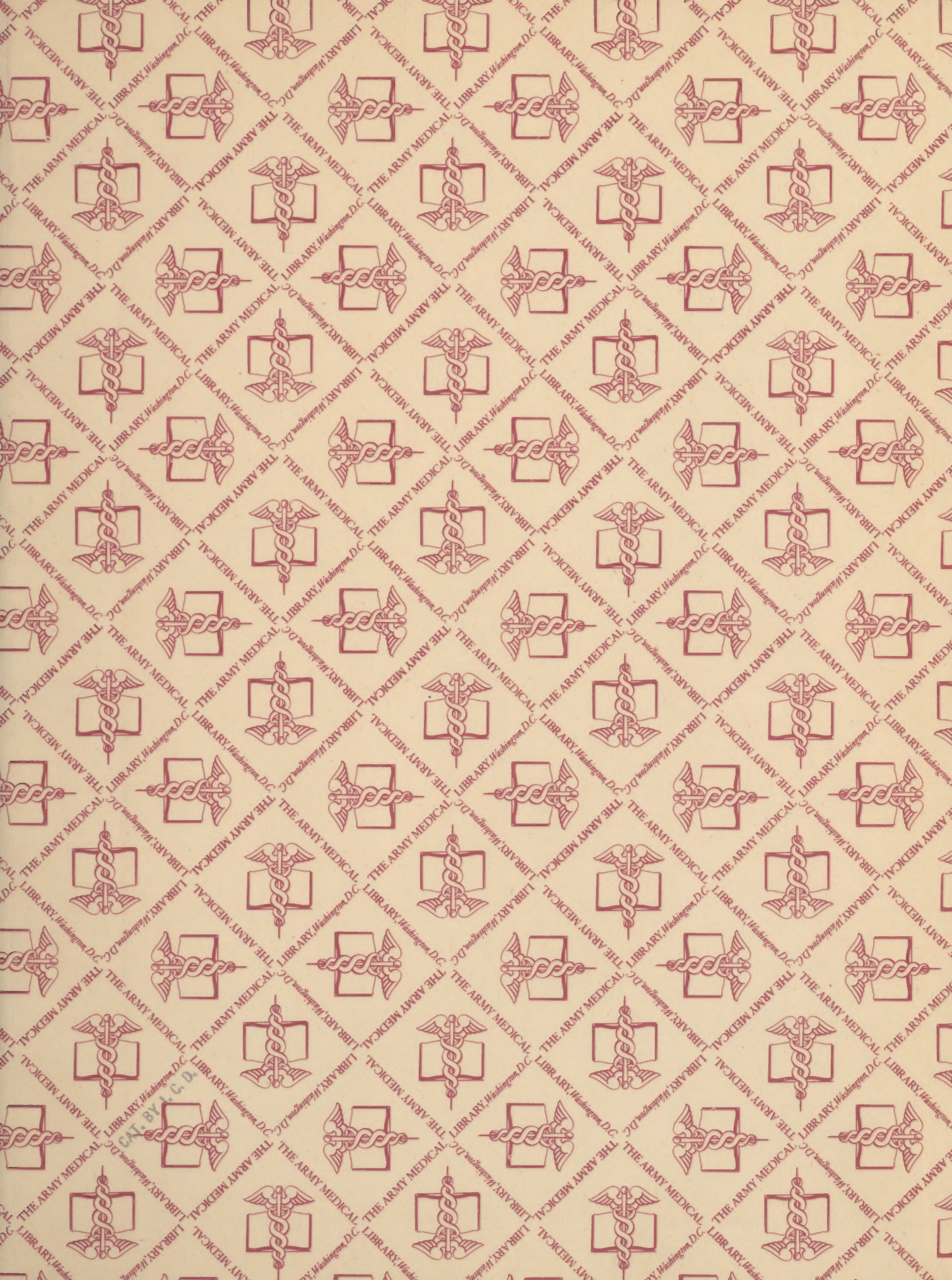
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MANUAL *of* REGULATIONS



Michigan.

CRIPPLED CHILDREN COMMISSION

916 Nov 11 48

ADDENDA TO THE MANUAL OF REGULATIONS

To: Judges of Probate and
Approved Hospitals

Re: Amendments to State
Administrative Code,

Gentlemen:

Your attention is directed to the attached section and paragraphs of the Commission's Manual of Regulations.

In order that your Manual may be corrected to conform to the amendments made effective as of October 11, 1945, the following suggestions are offered:

- (1) Cut the amended paragraphs from the following pages of this section and *paste them over paragraphs of like numbers* in your Manual, or
- (2) *Cross off the amended paragraphs of like number in your Manual* and make reference to the amended section.

CRIPPLED CHILDREN COMMISSION

425463

INTRODUCTION

These regulations are promulgated by the Michigan Crippled Children Commission pursuant to the authority granted the Commission under Act 158 of the P. A. of 1937, as amended, and Act 283 of the P. A. of 1939, as amended, and are designed in the interest of greater efficiency of operation, uniformity of fees and rates and the standardization of policy and procedure. The uniform fee and rate schedules are applicable only to services rendered in approved hospitals, and may be revised in accordance with authority granted in Act 158, Title VI, Section 16 and Act 283, Section 5.

- (a) The title of Act 158 of the P. A. of 1937, as amended, is "Crippled Children's Act" and Act 283 of the P. A. of 1939 as amended, is "Afflicted Children's Act" and hereinafter shall be referred to as Act 158 and Act 283.

The regulations referring to the proper jurisdiction of children under state acts are identified by marginal notes, Act 158 (Crippled) or Act 283 (Afflicted), or both where the regulations are applicable under both acts.

Included in the manual are copies of both acts referred to above for convenience in identifying index and paragraph reference to same.

**Renewal
Court Orders**
Act 158
Act 283
(Code No. 8)

7. Application for renewal Court Order shall be subject to:

- a. Issuance of new physician's certificate. (If case is under active treatment or has been examined during the previous 12 month period and has been recommended to return, a new physician's certificate will not be required).
- b. Re-investigation and re-determination of ability to repay.
 - (1) Applicants for renewal Court Orders whose financial status has improved should comply with the terms of the original agreement, and the new agreement should be based on the applicant's better ability to pay.
 - (2) Applicants whose financial status has not improved and there appears to be no opportunity for meeting the terms of the agreement should be given consideration as to cancellation of this obligation to the state, for prior care as well as subsequent care.
 - (3) If the court concurs with the current investigation and the applicant addresses a letter to the Commission setting forth the facts as to his financial condition, the Commission will consider cancellation of the obligation and refer the matter to the State Administrative Board for disposition.

Act 158, Title III, Section 4. Act 283, Section 3.

**Payments by
Parents**
Act 158
Act 283
(Code No. 9)

8. (2) PORTION OF CHARGES shall be construed to mean that portion of the actual cost of total service charges which accrued during the valid period of the Court Order.

**Definition
Date of
Application**
Act 158
Act 283

40. a. The date of application shall be construed to be the date application was made in person to the Judge of Probate by parent, husband, guardian or kindred, or the date Form MCCC-124 was received by the Judge of Probate or representative of the Commission. See ¶ 43-d, sections (1) and (2).

**Restricted Cases
Advance Approval**
Act 158
Act 283

41. g. Refractions and glasses. Requests for glasses shall be given consideration only when a child's condition is of such a nature as to require hospitalization for medical or surgical treatment of the eyes and glasses are a necessary part of the treatment following hospital care. Refractions and glasses for the treatment of strabismus and other conditions that can be cared for in a physician's office are not acceptable.

**First Admissions
Authorizations**
Act 158
Act 283

43. d. (1) To obtain the signature of the parents, husband, guardian or kindred on Form MCCC-124, if State aid is required to meet the cost of hospitalization and medical treatment, submit a copy to the Judge of Probate within 10 days from the date of admission. (Refer to ¶ 40 (a) and (b), and ¶ 73.)

NOTE: The acceptance of temporary application for State aid on Form MCCC-124 shall be limited to ten (10) days from the date received by the Judge of Probate or representative of the Commission.

**Emergency
Re-admissions
Without New
Court Order**
Act 283

44. a. Emergency cases may be readmitted for treatment of any acceptable condition during the valid term of the Court Order providing the hospital submits notification of emergency readmission on Form MCCC-A-5-56 and Hospital Service Request Form MCCC-6-R within 10 days, which shall serve:

- (1) In lieu of a physician's certificate.
- (2) As authority to bill first 15 days from date of entrance.
- (3) If need is indicated beyond 15 day period another service request (Form MCCC-6-R) must be submitted.

Non-Emergency
Re-admissions
Without New
Court Order
Act 158
Act 283

b. Non-emergency cases may be readmitted as in-patients during the valid term of the Court Order in accordance with the following:

- (1) For treatment of the same condition without a letter of authorization if the Court Order is valid and the return was recommended by the physician or surgeon and incorporated in the last hospital report, Form MCCC-57.
- (2) For treatment of the same condition by a letter of authorization from the Judge of Probate if return recommendations were not made at the time of last visit.
- (3) For treatment of a condition other than that for which the child was originally admitted by a letter of authorization from the Judge of Probate and a new physician's certificate.

NOTE: The procedure of notification of admission for non-emergency cases under (3) above shall be the same as is required for emergency cases under ¶ 44-a.

c. Letter of authorization is not required for out-patient readmission if Court Order is valid and the return was recommended by the physician or surgeon and incorporated in the last Hospital Service Report Form, MCCC-57.

- (1) If recommendations for return were not made at time of last visit, a letter of authorization from the Judge of Probate is required in accordance with ¶ 7.

NOTE: Acceptance of emergency or non-emergency readmissions without new Court Order shall be subject to reinvestigation of the economic status if it is known that the financial status of the parent, husband, guardian or kindred has changed.

53. b. Is hereby revoked.

Neuropsychiatric
Institute
Act 283

58. Entrance to the Neuropsychiatric Institute shall be on authority of a court order issued to the Neuropsychiatric Institute.

- a. A psychiatric examination for determination of need of treatment at the Neuropsychiatric Institute shall be made by a psychiatrist who is registered to practice medicine in the state, and who is approved by the Commission, and shall be reported on Form MCCC-121, N.P.I. (physician's certificate) and attached to the Court Order. Such certificate shall give the complete findings of the psychiatrist and his recommendations.

Approved
Hospitals
Act 158
Act 283

70. a. Hospitals which comply with the standards as set forth by Michigan Crippled Children Commission (refer to Section 7), may be approved. All applications for approval shall be made on forms supplied by the Commission.

- b. A court order is authority for the original acute care, (15 days afflicted and 15 days crippled), provided need for acute care is justified.
(Exception: ¶ 81).

**Extension
Acute and
Convalescent
Periods
Act 158
Act 283**

76. a. When a period of care is required beyond the acute allowance of 15 days for afflicted and 15 days for crippled (unless otherwise stipulated) the hospital shall request extension of services indicating the necessity for further care.
- b. Crippled (acute, maximum) 15 days
Afflicted (acute, maximum) 15 days
Crippled (convalescent, maximum) 30 days
Afflicted (convalescent, maximum) 30 days

**Determination of
Convalescent
Periods of Care
Act 158
Act 283**

- g. When progress report does not indicate the need for further acute care, the convalescent rates established by the Commission shall prevail.

Out-Patient

78. c. If the crippled child is returned to the out-patient department for treatment of an afflicted condition which is treated simultaneously with the orthopedic condition, such treatment shall be rendered under the existing 158 Court Order as supplementary treatment. *Otherwise, procedure under ¶ 44-b-3 shall apply.*

**Extension
Physician's
Visits
Act 158
Act 283**

79. Request for physician's bedside visits beyond the maximum (15 calls) must be included on the current Hospital Service Request, (Form MCCC-6-R), indicating the necessity of further calls, and signed by the physician.

**Method of
Determining
Patient Day
Cost Ward
Care to be
Paid for
Services
Act 158
Act 283**

85. a. Approved hospitals shall be paid ward cost up to but not in excess of:
- (1) Acute Care (Refer Sec. 30, Act 158, Sec. 13, Act 283)
(2) Convalescent Care (Refer Sec. 30, Act 158, Sec. 13, Act 283)

PROVIDED, That

- (1) No hospital shall be paid more per patient day than is charged private patients for ward care.
- (2) No hospital shall be paid more per patient day than is charged for ward care of patients whose care is paid for out of public funds.
- b. Costs shall be determined by the Commission in accordance with Bulletin No. 210, "Hospital Accounting and Statistics" of the American Hospital Association.
- (1) The cost per patient day as so determined will be the total in-patient cost of care both in private rooms and wards.
- (2) The cost per patient day will be adjusted by the application of the following formula to determine percentage of cost applicable to ward care:

TABLE I

Percent of patient days in rooms with two or more beds to total patient days in all accommodations (excluding newborn infant days).

Percent to be used in computing reimbursable cost of in-patient service per patient day.

More Than	Not More Than	Percent
98	100	100
96	98	99
94	96	98
92	94	97
90	92	96
88	90	95
86	88	94
84	86	93
82	84	92
80	82	91
78	80	90
76	78	89
74	76	88
72	74	87
70	72	86
0	70	85

Approved Rates
Act 158
Act 283

86. The approved rates to be paid hospitals for acute and convalescent care shall be determined semi-annually and effective April 1 and October 1 of each year. The factors considered in making the determination are as follows:

- a. Cost per patient day, including adult and child patient days (excluding newborn infant days) reported on Form MCCC-225-R.

NOTE: Refer to exhibit E, Bulletin 210.

- b. Certification of charges for in-patient services to (private) ward patients, inclusive of adults, child patients and extras.
c. Certification of in-patient services for infant care.
d. Certification of in-patient services charged for ward patients paid for out of public funds, reported on Form MCCC-227-R.

Approved Extras in Addition to the Patient Day Rate
Act 158
Act 283

87. The following are approved extras in addition to the maximum per patient day rate as determined from the analysis of cost provided for in ¶ 86:

Braces, appliancesSchedule
Nursing Care (special)Local R.N. Rate
Telephone calls, telegramsSee ¶ 96
Blood (donors)\$5.00-100 cc
Glasses\$7.50 Maximum
Physicians'-Surgeons' FeesSchedule

Filing Dates For Reports

88. a. A cost analysis and certification of charges for ward services shall be filed with the Commission on or before March 15 and September 15 of each year for the preceding 6 month period, ending December 31 and June 30.

Adjustment Due to Delinquent Reports

- b. Hospitals failing to file cost analysis shall be paid at a patient day rate that shall be established by the Commission from time to time.
c. Notification of approved rates for acute and convalescent periods shall be directed to each approved hospital indicating effective date.

**Notarization
of Reports**

d. Foster and Boarding Home Care.....By Negotiation

e. All reports of cost analysis shall be signed by the superintendent of the hospital and notarized.

NOTE: The maximum per patient day rate will be subject to adjustment and allowed at whichever rate is lower in accordance with the analysis of Forms MCCC-225-R and MCCC-227-R as required under ¶ 85 and 86.

**Overnight
Stay
Act 158
Act 283**

f. When a clinic or out-patient case must remain in the hospital over night for adjustment of casts or appliance, the hospital may bill for one (1) day at the approved per patient day rate effective for the date of service.

g. When overnight hospital accommodations are necessary as a result of conveyance or travel conditions, hospitals may bill one (1) day at the approved convalescent rate.

**Out-patient
Services
Act 158
Act 283**

h. Reported on Form MCCC-57 (158 and 283).....\$1.00 per visit

(Report must be complete as to service rendered, findings, and recommendations of examining physician as regards further treatment and return date.)

Act 283 (only)

Reported on Form MCCC A-5-56 (283)..... .50 per visit
Act 158, Title IX, Section 30, Title III, Section 4. Act 283, Sections 3, 10, 13.

**Telegrams
Telephone
Calls
Act 158
Act 283
(Code No. 96)**

99. For other reasons pertinent to the patient's physical condition:

NOTE: Unexplained telephone calls qualifying under sections (a), (b), (c), and (d) above, or the failure to submit copies of telegrams prior to or with billings will not be given consideration for payment at a later date.

**Policy
Michigan Hospital
and Medical
Certificates
Act 158
Act 283**

102. a. During the first thirty (30) days for each disability (admission) the Commission accepts no responsibility for payment of any service charges provided by a certificate of the Michigan Hospital or Medical Service.

**Approved Extras
Full Rate
Period
Act 158
Act 283
(Code No. 99)**

b. *Exceptions:* The Commission will approve services which are not included in the certificates during the *full rate* period, as follows:

1. Tissue examination (non-participating hospitals only) ..\$2.50
2. X-rays (Limited to \$15.00 during 12 month period) ..Schedule
3. Braces—appliancesSchedule
4. Telephone and Telegrams ¶ 96
5. Glasses (Cost plus 10%).....\$7.50 Maximum
6. Nursing CareLocal R. N. Rate
7. Blood Transfusion (Donors) 100cc.\$5.00
8. Physicians' and Surgeons' FeesSchedule

NOTE: The provision for a \$15.00 maximum allowance for x-rays during a twelve (12) month period shall be in addition to any allowance for x-rays provided by the Michigan Medical Service Certificate or any other hospital insurance certificate.

**Partial Rate
Period
Act 158
Act 283
(Code No. 100)**

103. a. Effective with the thirty-first (31st) day, and inclusive of the one hundred and twentieth (120th) day, the Commission will pay one-half of the approved per patient day rate determined for the hospital and effective as of the dates of service.

- b. The following are approved extras during the (partial rate period) WHEN THEY ARE NOT INCLUDED in Michigan Hospital or Medical Certificates, payable as follows:

	Full Rate Schedule	Half Rate Schedule
a. Braces, appliances	X	
b. Telephone, telegrams	X	
c. Glasses	X	
d. Nursing care (special)	X	
e. Blood transfusion (donors)	X	
f. Physicians' and Surgeons' fees.....	X	
g. Daily care		X
h. X-rays (included in maximum).....		X

Physicians'
and Surgeons'
Fees
Act 158
Act 283
(Code No. 111c)

105. c. Additional physician's calls beyond the original 15 calls must be included on the current Hospital Service Request, (Form MCCC-6-R), indicating the need and number of additional calls.

Separate
Warrants
Act 158
Act 283
(Code No. 106)

107. Compensation for physicians, surgeons, nurses, blood donors, registered anaesthetists, and hospitals rendering service under these acts shall be paid by the Auditor General on separate warrants, drawn to their order and delivered to the hospital.

Form
MCCC-101
(Code No. 105)

110. Individual service invoice Form MCCC-101, is used for billing all approved services for each case. (See Rules 85 to 88, inclusive).

Anaesthetists'
Services
Act 158
Act 283
(Code No. 123)

303. When anaesthetics are administered by other than salaried employees of the hospital, billing shall be in the name of the medical doctor or registered anaesthetist performing the service.

Extension for
Bedside
Visits
(Code No. 124)

304. Extension for bedside visits beyond the maximum (15 calls) must be included on the current Hospital Service Request (Form MCCC-6-R), indicating the necessity of further calls, signed by the physician.

SECTION IX—HOSPITAL STANDARDS

- Act 158
Act 283
351. A hospital must be operated in a humanitarian spirit in which the best care of the patient is always the primary consideration.
- Registration
352. Hospitals shall be on the registered list of the American Medical Association.
- Approval
353. Approval by the American College of Surgeons is desirable. (*In cities with a population of over 25,000, hospitals should be approved by the American College of Surgeons.*)
- Capacity
354. Hospitals with a bed capacity of less than 25 will not be accepted where other hospitals are already available in the vicinity.
- Fire
Inspection
355. All hospitals must be approved as to elimination of fire hazards, either by the State Fire Marshal or, in the city of Detroit, by the City Fire Marshal.
- Equipment
356. Hospital must be a modern physical plant, equipped for the comfort and safety and scientific care of the patient. The building should be maintained in a sanitary condition, provided with fire protection, preferably fireproofed, and free from hazards. Equipment for diagnosis and treatment should be reasonably complete for all types of work the staff purports to carry on in the hospital. Institutions accepting surgical and obstetric patients should provide a modernly equipped operating room, delivery room and nursery, all suitably safeguarded.
- By-Laws
Regulations
357. A hospital must have a clearly stated constitution, by-laws, rules and regulations setting forth organization, duties, responsibilities and relations. In order to prevent the by-laws from becoming antiquated and disregarded, they should be revised every three to five years by a committee of the medical staff and superintendent approved by the governing board.
- Each hospital is expected to use its initiative in evolving regulations which are applicable to its own needs and in addition, to adopt certain major principles which are fundamental and are to be embodied in all medical staff by-laws, rules and regulations such as the following:
- A statement of the necessary qualifications which the physician must have to be privileged to work in the hospital.
 - An outline of procedure in extending privileges to physicians to work in the hospital.
 - A descriptive outline of medical staff organization.
 - Provision for keeping accurate and complete clinical records.
 - A statement to the effect that the physician in charge of the patient shall be responsible for seeing that all tissue removed at operation is delivered to the hospital pathologist or recognized pathologist upon request of the Commission.
 - Provision for routine examination of all patients on admission and recording pre-operative diagnosis prior to operation.

- g. A ruling permitting a surgical operation on consent of the patient or his legal representative, except in emergencies.
- h. A regulation insisting that physicians' orders be in writing.
- i. A statement giving sole authority to the hospital superintendent in the admission of patients.
- j. A statement providing that major operative obstetrics or curetages shall not be performed except after consultation with at least one member of the regular staff who shall record his findings and recommendations in writing.

Governing Board

358. A hospital must have a carefully selected governing board having complete and supreme authority for the management of the institution. This may be a board of trustees or directors, a partnership or an individual.

Administrative Authority

359. A hospital must have a competent, well-trained executive officer or administrator with authority and responsibility to carry out the policies of the institution as authorized by the governing board.

Personnel

360. A hospital must have an adequate number of efficient personnel, properly organized and under competent supervision. Such personnel to include graduate nurses, attendants, maids, office employees, dietitians, x-ray technicians and appropriate provisions for laboratory procedures.

Staff

361. A hospital should have an organized medical staff of ethical, competent physicians and surgeons for the efficient care of the patients and for carrying out the professional policies of the hospital, subject to the approval of the governing board.

The medical staff may or may not be divided into specialties or clinical departments depending on local conditions, but if possible should at least include departments of medicine, surgery and obstetrics. In the larger hospitals (100 beds or over) the other main desirable divisions are otorhinolaryngology, gynecology, pediatrics, urology, orthopedics, ophthalmology, dermatology, neurology, psychiatry, anesthesia, radiology and pathology.

Service Departments

362. A hospital should have adequate diagnostic and therapeutic facilities with efficient technical service under competent medical supervision.

- a. For crippled children the hospital shall be approved by the American College of Surgeons. It must maintain orthopedic equipment, a Physical Therapy Department, an approved attending Orthopedic Surgeon and an approved Physiotherapist.

Other desirable services are:

Pediatrics Department	Anesthesia Department
Clinical Laboratory	Eye, Ear, Nose and Throat Dept.
X-ray Department	Out-Patient Department
Surgical Department	Orthopedic Department

- b. For afflicted children the following services shall be available:

Clinical Laboratory	X-ray Department
Surgical Department	Obstetrical Department

Other desirable departments are:

Pediatrics Department
Physical Therapy Department
Out-Patient Department

Orthopedic Department
Eye, Ear, Nose and Throat Department

**Medical
Record**

363. Accurate and complete medical records must be promptly written and filed in an accessible manner so as to be available for study, reference, follow-up and research. The following principles are basic requirements for an efficient department of medical records:
- a. Medical records room and equipment. The medical records room should be conveniently located, adequate in size, and equipped with necessary desks, typewriters, filing cabinets, and supplies including record forms. In small hospitals, these facilities may be readily combined with those in the business office.
 - b. Personnel. The employment of a trained, tactful, and industrious medical records librarian is desirable.
 - c. Plan to secure medical records.
 - d. Supervision of medical records.
 - e. Medical file and index.
 - f. Preparation of monthly report.

Conferences

364. A hospital should have group conferences of the administrative staff and of the medical staff to review regularly and thoroughly their respective activities in order to keep the service and the scientific work on the highest plane of efficiency.

Accounting

365. It is recommended that all approved hospitals adopt the accounting method approved and recommended by the American Hospital Association. All hospitals that are approved in the future will be required to have adopted and be using this method.

MICHIGAN CRIPPLED CHILDREN COMMISSION

Honorable Harry F. Kelly, Governor, Ex Officio

Commissioners

Emmet Richards, Chairman	Alpena
George R. Cooke, Vice Chairman	Detroit
Maxwell Reynolds	Marquette
Roger V. Walker, M.D.	Detroit
Nate S. Shapero	Detroit

Carleton Dean, M.D., Director

STATEMENT OF POLICY

IT is the intent of Act 158 of the P.A. of 1937 as amended by Act 227 of the P.A. of 1943 and Act 283 of the P.A. of 1939 as amended by Act 225 of the P.A. of 1943, and the Michigan Crippled Children Commission that nowhere within the confines of the State of Michigan shall there be an afflicted or crippled child with a condition curable or correctible, in need of hospital, medical or surgical treatment, who shall be denied such services when the husband, parent, guardian, kindred or other persons responsible for the care of the child are determined to be unable to meet these needs.

All regulations contained hereunder, including fee and rate schedules, are subject to revision.

The Commission.

INTRODUCTION

These regulations are promulgated by the Michigan Crippled Children Commission pursuant to the authority granted the Commission under Act 158 of the P.A. of 1937, as amended by Act 227 of the P.A. of 1943, Title III, Section 4, and Act 283 of the P.A. of 1939, as amended by Act 225 of the P.A. of 1943, Section 3, and are designed in the interest of greater efficiency of operation, uniformity of fees and rates and the standardization of policy and procedure. The uniform fee and rate schedules are applicable only to services rendered in approved hospitals, and may be revised in accordance with authority granted in Act 158, Title VI, Section 16 and Act 283, Section 5.

The title of Act 158 of the P.A. of 1937, as amended by Act 227 of the P.A. of 1943, is "Crippled Children's Act" and Act 283 of the P.A. of 1939, as amended by Act 225 of the P.A. of 1943, is "Afflicted Children's Act" and hereinafter shall be referred to as Act 158 and Act 283.

The regulations referring to the proper jurisdiction of children under state acts are identified by marginal notes, Act 158 (Crippled) or Act 283 (Afflicted), or both where the regulations are applicable under both acts.

Included in the manual are copies of both acts referred to above for convenience in identifying index and paragraph reference to same.

*Approved as to form and
legality as required by
Act 88, P. A. 1943.
Dated April 26, 1944.*

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SECTION I—PROBATE COURT

Location of Hospital Act 158

1. It is recommended by the Commission that the Judge of Probate and the physician respectively have the child committed to one of the nearest or most accessible hospitals equipped to render the required service.

Act 158, Title X, Section 31.

Economic Investiga- tion Reports Act 158 Act 283

2. a. Parents, husband, guardians or kindred making application for medical care or surgical treatment for a child under Act 158 and Act 283 shall be subject to an economic investigation to determine their eligibility for state aid under these acts.

Act 158, Title VI, Section 15. Act 283, Section 5.

See page 3-a

- b. Economic investigations shall be made by representatives or agents approved by the Commission.

Act 158, Title VI, Section 15. Act 283, Section 3.

- c. All economic investigations shall be submitted on Form MCCC-27, furnished by the Commission.

Act 158, Title X, Section 32. Act 283, Section 3.

Effective Date of Court Order Act 283

3. a. The effective date of a Court Order shall be the entrance date to the hospital as a state case if application for hospitalization was made within 10 days from date of such entrance.

Act 283, Sections 3 and 5.

Effective Period of Court Order Act 158 Act 283

4. A Court Order should remain in effect for a maximum of 1 year from the effective date thereof.

- a. All copies of Court Orders must comply with one of the following stipulations:

1. Bear personal signature of the Judge of Probate.

2. Be attested as a true copy.

3. Be accompanied by an exemplification of record.

Act 158, Title III, Section 4. Act 283, Section 3.

See page 1-a

Limited Court Orders Act 158 Act 283

5. If the Probate Judge should issue an order for a definite period of time, or for a specific service, such limitations shall be noted on the Court Order.

Act 158, Title VI, Section 16. Act 283, Section 5.

Authorization for Readmittance to Clinic Act 158 Act 283

6. Authorization for readmission for clinic service must be issued by the Probate Judge either upon the basis of each individual clinic visit or to cover a definite period of time as one, two, or three months, et cetera, not to exceed one year.

Act 158, Title III, Section 4. Act 283, Section 3.

Renewal Court Orders Act 158 Act 283

7. Application for the renewal of Court Orders shall be subject to re-investigation and redetermination of ability to repay.

- a. Applicants for renewal of Court Orders whose financial status has improved should comply with the terms of the original agreement and the new agreement should be based on the applicants' better ability to pay.

ORDER OF CONVEYANCE (Form MCCC-123)

Important: Correct name, application date, signature
Probate Judge.

REPORT—CONVEYANCE AND COURT ORDER
M.C.C.C. Form 123—9-42—20M

Crippled Child Act 158 P.A. 1927
Afflicted Child Act 288 P.A. 1929

STATE OF MICHIGAN

In the Probate Court, County of Roscommon

To the Probate Court for said County:

In the matter of Hoyt June Elizabeth, a (Afflicted)
Surname First Name Middle Name Crippled

child within meaning of statutes and a resident of Prudenville
City—Village in said County
Township

now residing with and under control of John and Rose Hoyt Parent
Guardian

That said child was born August 7 1936, that said child has/has not attended school.

IMPORTANT

(To be reported on crippled children only)

School District	Name	<u>Emmet</u>	School	Name of	Treasurer of School	<u>Roy Elsworth</u>
	No.	<u>8</u>	District	Secretary of District		
	Address of Secretary or Treasurer					<u>32 Larch Street, Prudenville</u>

I have investigated the residence and the financial condition of child and others liable for its care and set forth the results thereof in the attached report and agreement to repay. I therefore pray that Court consider the same and determine disposition thereof.

George White County Agent May 8, 1944
Name of Investigator Title Date

COURT ORDER At a session of said Court held at Probate office in the

County of Roscommon Date May 15 1944

It is Ordered that said Crippled Child be conveyed to the Blodgett Memorial
Recommended Afflicted Child Name of Hospital

approved by the Michigan Crippled Children Commission at Grand Rapids
(Address of Hospital)

by parents for treatment to be paid by the State of Michigan.
(Name of person acting as conveyor)

Diagnosis Bilateral talipes equinovarus

To Be Entered by Court:

Application Date May 7 1944

Valid Date: May 10 1944
(Court Order)

Expiration Date: May 10 1945
(12 months from valid date)

Classification: X
(Full or Limited Court Order)

Charge to Quota: May Month Act 158

Monthly Repayment \$ 5.00

Checked By: M. C. C. Clerk

This order shall be deemed valid not more than five days preceding the date on which application for State aid was made by parents, guardians, or kindred of patient.

Dated this 15th day of May 1944

(Personal Signature)
Judge of Probate

County of Roscommon

Distribution
No. 1 Original to Court
No. 2 Duplicate to Hospital
No. 3 Triplicate to M.C.C.C.

- b. Applicants whose financial status has not improved and there appears to be no opportunity for meeting the terms of the agreement should be given consideration as to cancellation of this obligation to the state, for prior care as well as subsequent care.

If the court concurs with the current investigation and the applicant addresses a letter to the Commission setting forth the facts as to his financial condition, the Commission will consider cancellation of the obligation and refer the matter to the State Administrative Board for disposition.

Act 158, Title III, Section 4. Act 283, Section 3.

Payments by Parents
Act 158
Act 283

8. The Judge of Probate, or the Commission, through a duly authorized person or agency approved by the Commission, as the case may be, shall make an investigation into the financial resources of the parent, husband, guardian, kindred or other persons bound by law to maintain the child, as to their ability to pay for the cost of medical and surgical treatment, and such determination shall give consideration to the following provisions of the agreement to repay.

Act 158, Title VI, Section 15. Act 283, Section 5.

Optional Provisions

1. Actual cost
2. Portion of charges
3. Terms and conditions
4. Acceptable signatures
5. Cancellation

Interpretation

See pages 2-a and 3-a

1. **Actual Cost:** Shall be construed to mean the total expenditure made by the Commission to hospital, nurses, physicians and surgeons during the valid period of the Court Order.
2. **Portion of Charges:** Shall be construed to mean that portion of the actual cost that shall be paid during the valid period of the Court Order. (Applies to Act 158 only, Act 283 makes no provision for repayment of a portion of charges).
3. **Terms and Conditions:** The amount to be repaid monthly and the date when such payments are to begin.
4. **Acceptable Signatures:** The Judge of Probate may, when the child is found by him to be emancipated, neglected, abandoned, or deserted, accept the signature of such child in lieu and stead of the parent, guardian or husband, (in cases under Act 283 only).
5. **Cancellation:** When the resources are not sufficient to permit repayment under provisions 1, 2, or 3 above, and the applicant qualifies within any of the following provisions:
 - a. Parent, husband, guardian or kindred are unemployed, or unemployable due to age or physical or mental condition.
 - b. Parent, husband, guardian or kindred are recipients of welfare for reasons other than temporary unemployment.
 - c. Parents, husband, guardian or kindred are recipients of social security benefits such as Aid to Dependent Children, Old Age Assistance, Aid to the Blind, Survivor Benefits, pensions, or similar forms of income.
 - d. When the income of employed children residing within the home is not more than sufficient to meet their personal maintenance in the payment of room, board, clothing, etc.

AGREEMENT TO REPAY
(Form MCCC-27)

Instructions: Interpretation of methods
for drafting agreements, refer to page
2 or Manual for Investigators.

Repayment in total,
Act 283

Under authority of Act 283 of the P.A. of 1939
as amended by Act 225 of the P.A. of 1943:

(1) **THE ACTUAL COST OF MEDICAL AND/OR SURGICAL TREATMENT.**

~~Under authority of Act 158 of the P.A. of 1937
as amended by Act 227 of the P.A. of 1943:~~

~~(2) (1) THE ACTUAL COST (2) OR A PORTION OF THE ACTUAL COST (not to exceed)~~
\$ _____ of the total expenditure made by the State for medical and/or surgical treatment.

(3) \$ 5.00 monthly (*without interest*) until paid, payments to begin May 1 1944

Repayment in total,
Act 158

~~Under authority of Act 283 of the P.A. of 1939
as amended by Act 225 of the P.A. of 1943:~~

~~(1) THE ACTUAL COST OF MEDICAL AND/OR SURGICAL TREATMENT.~~

Under authority of Act 158 of the P.A. of 1937
as amended by Act 227 of the P.A. of 1943:

(2) (1) **THE ACTUAL COST (2) OR A PORTION OF THE ACTUAL COST** (not to exceed)
\$ _____ of the total expenditure made by the State for medical and/or surgical treatment.

(3) \$ 5.00 monthly (*without interest*) until paid, payments to begin May 1 1944

Repayment of
portion cost,
Act 158

Under authority of Act 158 of the P.A. of 1937
as amended by Act 227 of the P.A. of 1943:

~~(2) (1) THE ACTUAL COST (2) OR A PORTION OF THE ACTUAL COST (not to exceed)~~
\$ 60.00 of the total expenditure made by the State for medical and/or surgical treatment.

(3) \$ 5.00 monthly (*without interest*) until paid, payments to begin May 1 1944

Cancellation of agreement,
Acts 158-283

~~(2) (1) THE ACTUAL COST (2) OR A PORTION OF THE ACTUAL COST (not to exceed)~~
~~\$ _____ of the total expenditure made by the State for medical and/or surgical treatment.~~

~~(3) \$ _____ monthly (*without interest*) until paid, payments to begin _____ 19 _____~~

(Statute of Limitations is Expressly Waived)

Date June 1 1944

(Ink Signature) _____ (Ink Signature) _____
Witness Parent, Husband, Guardian, Kindred

Approved _____ Cancelled X Rejected _____

Date June 1, 1944 (Ink Signature) _____
Judge of Probate

**Interpretation
(Cont'd.)**

e. When a case is a ward of the County or State.

f. When it has been determined a child is neglected, abandoned, or deserted.

In all instances the Judge of Probate shall submit to the Commission a copy of the investigation, and if there are no resources in accordance with the investigation, he shall certify to same in the space designated on the agreement to repay, (Form MCCC-27), and affix his signature.

Act 158, Title X, Section 32, Title III, Section 4. Act 283, Sections 3 and 17.

**Change of Residence
Act 158
Act 283**

9. The Court Order may remain effective to its expiration date, even though the parents, husband, guardians or kindred may change their residence to another county.

**Emancipated Persons
Act 283**

10. The signature on the agreement to repay of a person deemed to be "emancipated" may be accepted by the Probate Judge.

Act 283, Section 17.

**Appointment of
Guardians
Act 158
Act 283**

11. If neither parent, nor husband, is living and the child has no guardian the court shall appoint a guardian according to the statutes, or a guardian ad litem, to sign such an agreement.

Attorney General's opinion of May 6, 1942.

**Ward of State
Act 158
Act 283**

12. a. Crippled children of normal mentality who are wards of the state are eligible for necessary medical or surgical treatment.

Act 158, Title II, Section 2.

b. Afflicted children who are wards of the state other than those provided for under Act 138 of the P. A. of 1881 are eligible for necessary medical and surgical treatment.

Attorney General's opinion No. 24614 of December 15, 1942.

**Residence in
Another County
Act 158
Act 283**

13. The Probate Court of the county in which the child is found shall issue the order, even though the parents, husband, or guardians of an afflicted child may have settlement in another county of the state of Michigan or have never established a settlement in any county of the state.

Act 158, Title VI, Section 15. Act 283, Section 5.

**Conveyance
Restrictions
Act 158
Act 283**

14. a. Crippled children from the Upper Peninsula shall not be conveyed to a hospital in the Lower Peninsula for services which are available in the Upper Peninsula without the approval of the Director, or the District Medical Coordinator.

b. Conveyance to the Lower Peninsula shall be by the Commission conveyor except in emergency cases when the Commission conveyor is not available.

Act 158, Title III, Section 4.

Born August 12 1936

TO PROBATE COURT, COUNTY OF Ingham

Diagnosis Refer to Physi-
cian's Certificate

In the matter of Heisen Marie Smith (Afflicted Child)
(Crippled Child) Club Feet

STATEMENT OF PARENTS—GUARDIANS—KINDRED—HUSBAND

Parent's Name Paul Smith Age 33 Name Mary Smith Age 27
First Name Paul Surname Smith First Name Mary Surname Smith

Name of Guardian None Age None Name of Kindred or Husband None Age None

Address, Street and No. or R.F.D. No. 1009 St. Joseph Street

Post Office Address Lansing, Michigan

Residence Building: At above 778 yrs. 408 Herbert Street, St. Johns, Michigan yrs. 10 mos.
Address 0 mos.
(Afforded twelve month of residence—12 months in State of Michigan)
City, Village, Street and Number 778 1008
City, Village, Street and Number 778 1008

Father: Av. monthly wage \$ 102.00 Av. annual wage \$ 2304.00 Badge No. Pt. 2-4988
(Over 12 months)
Employer's name and address James Manufacturing Company, 1300 Cedar Street, Lansing
Mother: Av. monthly wage \$ None Av. annual wage \$ None Badge No. None
(Over 12 months)
Employer's name and address None
Other members of family employed residing in home and income of each None
What can they contribute monthly for cost of care of above child? None

Rent X Home X Farm None Monthly Rental \$ 45.00 Are payments up to date X Yes No
Own None Home None Farm None Value \$ None Mortgage Contract None Unpaid Balance \$ None
Income Property None Farm None Home None Monthly Income \$ None Annual Income \$ None

Items—Balance owed, date of account, status of payments Zull Furniture Store, \$100.00
payments \$2.50 per month; Dr. Case, \$75.00, payments \$2.50 per month; St. Lawrence
Hospital, \$150.00, payments \$5.00 per month.

List amounts (individually) cash or loan values—If group hospital fill out form M.C.C.C. No. 61 in detail.
Metropolitan Life Insurance—father—\$1000.00; mother—\$300.00; Michigan
Hospital Benefit Association—See MCCC-81 attached.

IMPORTANT: GIVE COMPLETE DETAILS AS TO CAUSE, TIME, PLACE, PERSONS INVOLVED
Attach copy of REPORT

ECONOMIC REPORT (Form MCCC-27)

Instructions: Interpretation of approved procedures, refer to Manual for Investigators.

AGREEMENT TO REPAY
(Form MCCC-27)

Instructions: Interpretation of methods for drafting agreements, refer to page 2 or Manual for Investigators.

Have you agreed prior to this application for hospitalization to make or have you made private arrangements with any hospital or physician for care of the above child? Yes
If so, with whom were private arrangements made? None
Have you agreed prior to this application for hospitalization to make or have you made any payment towards the cost of care to any hospital or physician for the above child? Yes
If so, when did you pay, day, date and the amount? 10-1-34 \$20.00 to University Hospital
Date of Application April 10 1941 Signed by Paul Smith (Personal Signature)
Witness None (Personal Signature) None (Personal Signature)
(Give reasons why this application should be accepted or rejected) None
NOTE: If child is to be admitted as of date of application give signature date—Name (Signature) as part of your report to Judge of Probate.

3 children under 18 years of age. The monthly expenses of this family average \$188.80. I therefore recommend they be given consideration for State aid, with the agreement to repay indicating monthly payment of \$3.00, for a total repayment of \$92.00.

IMPORTANT: Date of Application April 10 1941 (Signed) Paul Smith (Personal Signature)
(The MCCC-27 is to be on file in the office of the Judge of Probate.) Title None

TO JUDGE OF PROBATE: Note the optional plans for repayment under Act 156 (3) and (5). If applicant is to repay under either Act 156 or Act 353, the agreement must be complete as to the amount of monthly repayment and date payments are to begin or be cancelled by your personal signature.

AGREEMENT TO REPAY
We/I, being the parent, husband, guardian, or kindred of the above named child, request medical and/or surgical treatment for the same, and the undersigned agrees to pay the State of Michigan, through the Crippled Children Commission, in accordance with the following terms and conditions:
Under authority of Act 283 of the P.A. of 1936 as amended by Act 285 of the P.A. of 1940:
(1) THE ACTUAL COST OF MEDICAL AND SURGICAL TREATMENT.
Under authority of Act 156 of the P.A. of 1937 as amended by Act 237 of the P.A. of 1943:
(2) THE ACTUAL COST OF MEDICAL AND SURGICAL TREATMENT (not to exceed)
\$ 92.00 of the total expenditure made by the State for medical and/or surgical treatment.
(3) \$ 3.00 monthly (without interest) until paid, payments to begin May 1, 1941.
(Statute of Limitations is Expressly Waived)
Date April 10 1941 (Personal Signatures)
Witness None (Personal Signature) None (Personal Signature)
Approved X Cancelled None Rejected None
Date April 12, 1941 (Personal Signature)
Judge of Probate

Recharge Excessive
Hospitalization
Act 158
Act 283

15. Cost of hospitalization will be recharged to the county as follows:
- Excessive or unnecessary hospitalization due to neglect of county authorities.
 - Exceeding case allotments. (In cases of true emergencies, or epidemics, the Judge of Probate should negotiate promptly with the Director for release of additional allotments.)
 - Failure to remove child from hospital within 48 hours from date of notification of discharge. (Exception—72 hours from date of discharge on Upper Peninsula patients, in Lower Peninsula hospitals.)
- Act 158, Title X, Section 37. Act 283, Section 19 a-2.*

Ambulance and
Invalid Coach
Schedule
Act 158

16. a. The Commission accepts no responsibility for the payment of ambulance services for other than crippled children and the charges shall not exceed the following schedule of rates, which are inclusive of attendant's fee.

- (a) Fees within cities in excess of 15,000 population, inclusive of 8 mile zone..... \$5.00 flat
- (b) Fees within cities or villages of a population of less than 15,000, inclusive of 8 mile zone 3.00 flat
- Map mileage beyond the 8 mile zone, both ways .15 per mile
- Passenger cars (used for ambulance conveyance) $\frac{1}{2}$ above rates

NOTE: Suppliers of ambulance or invalid coach service may add the flat fee to map mileage in billing for services.

Lansing to Ann Arbor—(Map mileage)..... 62 miles
Less zone mileage..... 8 miles
One way 54 miles

COMPUTATION: Total miles—108 mi. x .15 (rate per mile) 16.20
Additional allowance (flat rate) 5.00

Total \$21.20

- The billing must be made on Child Welfare Expense Voucher (Form A-75-R), available through the Commission, the Judge of Probate or county agent, and must be certified by a Judge of Probate, or a representative of the Commission.

Act 158, Title III, Section 4, Title X, Section 31.

- Ambulance services for all crippled children, and Wayne County afflicted children hospitalized in Wayne County, must be authorized in advance by the District Medical Coordinator.

NOTE: For afflicted children from other counties, the coordinator may authorize ambulance service when desirable in order to facilitate service for the child and the Commission.

Wayne County
Ambulance
Act 158
Act 283

Allocation of
Appropriation
Act 158
Act 283
Formulae

17. The allotments for funds to counties are computed by formulae and converted into cases for the convenience of commitment by Judges of Probate and for methods of control by the Commission.
- The crippled children formula gives consideration of equal weight to these factors:—(a) Number of crippled children served in each county during the last sexennium (six-year average). (b) Number of crippled children registered in each county as of May 31, of current year. (c) Average annual expenditure in each county during the last sexennium (six-year average).

ALLOTMENT RELEASE (MCCC-94)

Quarterly release, monthly allotment control.

QUARTERLY CASE ALLOTMENT: ACT 283

To: Probate Judge

Ingham

County

The cases hereon are allotted to your county for the Second quarter in accord with the approved case allotment and control plan of the Commission.

A	CASES OF COUNTY ALLOTMENT FOR COMMITMENT BY JUDGES OF PROBATE	MONTH OF	MONTH OF	MONTH OF	TOTAL FORWARDED
		July	August	September	
"C"	1. Cases uncommitted at the beginning of the month.	No Balance	15	10	None Forwarded
	2. Allotment of county cases for the month (75%).	23	15	10	
	3. Additional cases released for commitment by Judge of Probate.	"C" 12 35	30	20	
	4. Number of cases committed by Judges of Probate during month.	20	20	8	
	5. Number of cases uncommitted at end of month.	15	10	12	
B	CASES IN COUNTY RESERVE ALLOTMENT SUBJECT TO DIRECTOR'S RELEASE				
	6. Cases unreleased at the beginning of the month (15%).	No Balance			None Forwarded
	7. Allotment of county reserve cases available for release	11	0	0	
	8. Total number of reserve cases released by Director.				
	9. Unreleased county reserve cases at end of month.				

RELEASED THIS DATE: September 25, 1944

SEE PARAGRAPH 17, page 4
THROUGH PARAGRAPH 22, page 6

MCCC-94

- b. The afflicted children formula gives consideration of equal weight to three factors:—(a) Number of afflicted children served in each county during the last sexennium (six year average). (b) Population under 21 years of age (1940 census) in each county. (c) Average annual expenditure in each county during the last sexennium (six-year average).

Release of
Allotments
Quarterly
Act 158
Act 283

18. On or before the first day of the months of July, October, January and April of each fiscal year, notice of the allotments for the respective counties are forwarded to the Judge of Probate for the ensuing three months period.

- a. The county allotment is subject to commitment by the Judge of Probate during the quarter.
- b. The county reserve is subject to commitment by the Judge of Probate upon approval by the Director, upon notice of need.

Allocated Cases
Act 158
Act 283

For purposes of allotment charges, the commitment of any child under either act is counted only once during the fiscal year, regardless of the number of readmissions.

Uncommitted
Allotment

All uncommitted county allotment at the end of each quarter is not available for commitment during the following quarter. All such unused balances are redistributed to counties in accordance with the approved plan.

When released to counties as an addition to their allotment they are released under the classification of "c" cases.

Reserves to Meet
Extra Needs of
County

- c. Whenever a county's needs exceed that county's allotment, a release of additional cases may be made at the discretion of the Commission, providing there are uncommitted cases available for release, or in cases of epidemics.

Act 158, Titles III and X, Sections 4 and 37. Act 283, Sections 3 and 19a-1.

Cases not Chargeable
Against Allotment
Out-Patient
Act 158
Act 283

19. Any case approved for out-patient (clinic) services exclusively, shall not be charged against allotment.

NOTE: If a child is required to spend a night in the hospital for the application of casts, repairs of braces or other necessary causes, such stay, if it does not exceed one night, shall not be chargeable against allotment.

Act 158, Title III, Section 4. Act 283, Section 3.

Supplementary
Treatment
Act 158

20. Cases receiving care and treatment under Act 158 Court Orders, and requiring treatment classified under Act 283 will not require a new Court Order for such service, and such cases are not chargeable against Act 283 allotment.

- a. Approval for Act 283 service as supplementary to Act 158 must, however, be obtained from the Director of the Commission.

Act 158, Title III, Section 4. Title X, Section 37.

STATEMENT OF ACCOUNT (Form MCCC-13-A)

Mailed by Commission direct to parents, husbands, guardians, County Treasurers, and Judges of Probate, showing total encumbrance and credit on account.

M. C. C. Form No. 13-A

STATEMENT OF ACCOUNT

Mr. John Doe Sr.
230 Garden St.
Lansing 10 Michigan

Statements are mailed the month following the entry of charges or credits and constitute your receipt for payments shown. Charges are shown as soon as approved for payment.

Doe, John Jr.

Patient's Name

Ingham

County

AGREEMENT TO REPAY

\$.....3.00.....Monthly

Acct. No. 283 P.A.....

To assure proper credit.
Return this heading with your remittance.

Month of Billing	Case No.	Description of Service	Charges	Credits	Balance
		Balance Brought Forward.			
		SPARROW HOSPITAL LANSING			
JL 44	945666	2 18 44 TO 2 28 44 HOSP. CARE	35.00		
		DR.FEE	50.00		85.00
	945666	3 1 44 TO 3 3 44 HOSP. CARE	10.50		
		MICH.HOSP. SERVICE INS.	15.00CR		80.50
	945666	4 3 44 PMT.PARENT		3.00CR	77.50
	945666	5 6 44 PMT.PARENT		3.00CR	74.50

To Parents and Guardians:

Re: Current statement of account

Repayment by you in accordance with agreement signed at the time of admittance of this child to the hospital is requested. WAYNE COUNTY Cases should make their payments to the Friend of the Court Wayne County Circuit Court as per its order, or to the Wayne County Juvenile Court, 1025 Forest Avenue, Detroit. Other than Wayne County payments shall be made to the office of the County Treasurer or mailed direct to the Commission at 458 Hollister Bldg., Lansing, Michigan.

MICHIGAN CRIPPLED CHILDREN COMMISSION

Special Cases
Act 158
Act 283

21. Cases which qualify under the following classifications shall not be charged against allotments:
- a. Contagious (fully rechargeable)
 - b. Eligible for hospital benefit insurance (total cost)
 - c. Private arrangements made to pay the cost
 - d. Non-resident (Act 283)
 - e. Over twenty-one years of age
 - f. Incorrectly classified
 - g. Economic rejection

If any part of the medical or surgical treatment under "a" and "b" above is paid by the state the case is chargeable against allotment.

Act 158, Title III, Section 4. Act 283, Section 3.

Allotment Charge
Transfer from
Act to Act

22. When a case is admitted under Acts 283 and 158 and charged against allotment and later within the fiscal year conditions require a change of authority, or service, the allotment should be adjusted by cancelling the original allotment charge and taking credit for an additional case, charging the allotment under the act covering the final classification or determination.

Act 158, Title III, Section 4. Act 283, Section 3.

Statements of
Account
Act 158
Act 283

23. The Commission will render for each child a statement of account of all expenditures made for medical and surgical treatment as the records of the Commission may disclose; one copy each will be directed to the person signing the agreement to repay, the Judge of Probate, and county treasurer.

Act 158, Title III, Section 4. Act 283, Section 3.

County Treasurer
Report of Collections
Act 158
Act 283

24. County treasurers shall remit to the Commission on the 15th of each month all collections from parents, husband, guardians, or kindred, made in accordance with the agreement to repay.

Act 158, Title X, Section 30. Act 283, Section 17.

Payments on Account
Act 158
Act 283

25. Payments made by parents, husband, or guardians, in accordance with the agreement to repay shall be made to the treasurer of the county of residence.

Act 158, Title III, Section 4, Title X, Section 32. Act 283, Sections 3 and 17.

Over-Payment
and Refund
Act 158
Act 283

26. Over-payment on accounts for the cost of medical or surgical treatment will be refunded. Vouchers will be made payable to the source from which the original remittance was received.

Act 158, Title III, Section 4. Act 283, Section 3.

Acceptance Subject
to Hospital Indemnity
Casualty Insurance
Act 158
Act 283

27. For the policy of the Commission as to acceptance, terms and conditions of applicants for state aid who are beneficiaries of hospital insurance or indemnity contracts, or a possible beneficiary of a public liability, accident or casualty insurance adjustment, refer to paragraph 101, page 21. (See page 6-a.)

ASSIGNMENT AND IDENTIFICATION
HOSPITAL INSURANCE BENEFITS (Form MCCC-61)

Duplicate copies required. Direct both copies to Commission attached to Order of Conveyance (Court Order).
Note: Instructions contained in margin of report.

ASSIGNMENT RE: HOSPITAL-SURGICAL BENEFITS

A I hereby assign to the Crippled Children Commission, Lansing, Michigan, Indemnity as becomes payable to me under Certificate No. 706 issued under Group No. G-5000 by the Michigan Hospital Benefit Assoc.
(Association or Company)

1300 Buhl Bldg. Detroit for services furnished to
(Address Street City)

Helen Marie Smith beneficiary under the above Certificate,
(Name of Patient)

by reason of Court Order issued by Judge of Probate, County of Ingham under authority of Act 158 P.A. of 1937 as amended by Act 227 P.A. of 1943 or Act 283 P.A. of 1939 as amended by Act 225 P.A. of 1943.

Dated this 28th day of March 194 4
(Date Month) (Month)

Beulah Prokes
(Witness)

Signature Paul Smith
(Insured-Subscriber)

Relationship Father
(Husband-Father-Mother-Guardian)

IDENTIFICATION OF CERTIFICATE

B Name James Manufacturing Co. Address 1300 Cedar, Lansing, Michigan
(Employer) (Employer)

Plan: Ward X Semi-Private _____ Other _____

SURGICAL BENEFITS (Included In Plan) Yes X No _____

SPECIAL BENEFITS (Included In Plan) X-ray - Operating Room
(Give Details)

(X-ray, Operating Room, Anaesthetic, Nursing Care, etc.)

SCHEDULE OF BENEFITS 28 Full Days (Rate Per Day) \$ 5.00

SCHEDULE OF BENEFITS 90 Partial Days (Rate Per Day) \$ 2.25

EFFECTIVE (or) RENEWAL DATE OF CERTIFICATE October, 1944

Benefits paid under the Certificate during current policy year, dates covered by payments and to whom paid None

Beulah Prokes
(Witness)

Signature Paul Smith
(Insured-Subscriber)

Date 4/5/44 19 _____ Relationship Prokes
(Husband-Father-Mother-Guardian)

MCCC-61-R/1/44 (Duplicate Copies)

INVESTIGATORS: Complete Section B only for Michigan Hospital Service Certificates - Sections A and B for all other types of hospital insurance.

SECTION II—PROBATE AND HOSPITAL

Definition
Date of Application
Act 158
Act 283

Time Limitation

See page 7-a.

40. a. The date of application shall be construed to be the date Application for State Aid, (Form MCCC-124) was signed or the date application was made in person to the Judge of Probate by parent, husband, guardian or kindred.
- b. If a Court Order is to be effective as of date of admission, application must be made within 10 days from date of entrance to the hospital.
- Act 158, Title III, Sec. 4. Act 283, Secs. 3 and 5.*

Restricted Cases
Advance Approval
Act 158
Act 283

41. Advance approval must be obtained for the following (a through f) from the Director, Medical Coordinator, or Medical Filter Committee of the County Medical Society subject to review by the Commission:
- a. Tonsillectomy and adenoidectomy.
1. Uncomplicated cases—1 day hospitalization (maximum).
2. Complicated cases—2 days hospitalization. Extended care must be fully explained by letter or on Form MCCC 6-R, and approved. (See page 12-a).

NOTE: Advance approval is not necessary in cases of T & A, complicated by chronic otitis media, mastoiditis, tubercular adenitis, rheumatic fever, endocarditis and chorea.

- b. Hernia (inguinal, femoral, umbilical) except strangulated.
- c. Chronic appendicitis. d. Orchidopexy. e. Hypospadias—epispadias.
- f. Circumcision—Maximum 1 day hospitalization.

The following restricted cases are acceptable only upon the approval of the Director:

- g. Glasses. Requests for glasses shall be given consideration only when a child's condition is of such a nature as to require hospitalization for medical or surgical treatment of the eyes and glasses are a necessary part of the treatment following hospital care.
- Glasses for the treatment of strabismus and other conditions that can be cared for in a physician's office are not acceptable.
- h. Dental care and surgery.
- Act 158, Title III, Sec. 4. Act 283, Sec. 3.*
- i. Cerebral palsy. j. Muscular dystrophy.
- (i-j) Act 158, Title VI, Sec. 15.*

Pregnancy Cases
Act 283

42. Only complicated pregnancies will be acceptable.

COMPLICATED CASES INTERPRETED AS FOLLOWS:

1. Medically complicated cases.
2. Pregnancies in cases 16 years of age or under.
3. Social complications (when the home conditions or environment are such that home delivery is not feasible). Approval must be obtained from the Commission or its representative for hospitalization of such cases.
- Act 283, Sec. 3.*

NOTE: Except in emergency cases, application for state aid shall be made prior to date of confinement and in sufficient time so that medical, economic, and social conditions can be properly investigated.

APPLICATION FOR STATE AID (Form MCCC-124)

Temporary application taken on admission to hospital of emergency cases.
(Note instructions to applicant).

MCCC-124-5M-10-43
Original MCCC No. 1 Copy
Dupl. Judge Probate No. 2 Copy
Hospital No. 3 Copy

APPLICATION FOR STATE AID

ACT 158 P. A. 1937—ACT 283 P. A. 1939

As amended by Act 227-225 P. A. 1943

To: MICHIGAN CRIPPLED CHILDREN COMMISSION
Lansing, Michigan

Date April 1, 1944

Date of Birth 8-12-36

I/we the {parent(s)} of He-len Ma-rie Smith, a {crippled} child, a resident of Lansing, Michigan
{guardian(s)} Name of Child City-Village

in the County of Ingham, Michigan, hereby certify that I/we are without resources to provide proper hospital care and medical treatment for the above named child.

I/we therefore apply for such State aid as is authorized by law, and agree to make a further application for such aid to the Probate Court of the above named county within five days from even date herewith.

If after investigation it is determined that the undersigned is financially able to pay all or any part of the charges for the care and treatment provided for the above named child, I/we agree to repay the State of Michigan in such amount and at such rate as shall be determined by the Probate Court and/or the Michigan Crippled Children Commission.

Name E.W. Sparrow, Lansing
Hospital

Witness: Mildred Daptaa

Note: (Hospital shall advise applicant to make application to Probate Court within 5 days from date of admission of child to the hospital.)

Signed Mae Smith
Address 1058 St Joseph R.F.D.
City-Village Street

Relationship Mother



First Admissions
Authorizations
Act 158
Act 283

Non-Emergencies

Emergencies

43. Physicians, surgeons, supervisors, or other persons are without authority to commit the state for the payment for services under Act 158 and Act 283. Hospitals are authorized to accept patients for admission on one of the following authorities:

- a. Court Orders.
- b. Letters of authorization from the Director.
- c. Letters of authorization from the Judge of Probate. (Such letters of authorization must be confirmed by Court Orders).
- d. Emergency cases admitted without authority stipulated above may be accepted subject to investigation, and the hospital shall be responsible for the following:
 1. To obtain the signature of the parents, husband, guardian, or kindred on Form MCCC-124, if state aid is required to meet the cost of medical and surgical treatment. (See page 7-a).
 2. Instruct the applicant to apply to the Judge of Probate in person within 5 days to complete the application.
 3. Complete Physician-Surgeon Certificate, (Form MCCC-121), in triplicate. (See page 8-a).

IMPORTANT: Hospitals are urged for their own protection to submit the above forms to the Judge of Probate within 48 hours after entrance of the child.

Act 158, Title III, Sec. 4. Act 283, Sec. 3.

NOTE: In counties where the medical and economic investigation is made in the office of the Medical Coordinator, the parent accompanied by the child shall bring the completed medical certificate to the office of the District Medical Coordinator.

In case the patient is unable to accompany the parent, the doctor shall so signify on the certificate.

Emergency
Re-admissions
Without New
Court Order
Act 283

44. a. Emergency cases may be readmitted for treatment of any acceptable condition during the valid term of a Court Order providing the hospital submits notification of emergency readmission on Form MCCC-A5-56, together with Hospital Service Request (Form MCCC 6-R) which shall serve, (See pages 11-a and 12-a).

1. In lieu of a Physician-Surgeon Certificate.
2. As authority to bill from date of entrance.
3. As request for extension of hospital service.

Non-Emergency
Re-admissions
Without New
Court Order
Act 158
Act 283

b. Non-emergency cases may be readmitted during the valid term of a Court Order.

1. For treatment of the same condition by a letter of authorization from the Probate Judge.
For in-patients file immediately, forms requested under 44-a.
2. For treatment of conditions other than that for which the child was first hospitalized by a letter of authorization from the Probate Judge and a new physician's certificate.

NOTE: Acceptance of emergency or non-emergency readmissions without new Court Order shall be subject to reinvestigation of the economic status if it is known that the financial status of the parent, husband, guardian or kindred has changed. Act 158, Title III, Sec. 4. Act 283, Sec. 3.

PHYSICIAN-SURGEON CERTIFICATE
(Form MCCC-121)

Prepare in triplicate.

Important: Personal signature of physician or surgeon.

PHYSICIAN-SURGEON CERTIFICATE
MEDICAL FILTER REPORT
M.C.C.C. Form No. 121-10M-11-43

Crippled Act 158 P. A. 1937
Afflicted Act 283 P. A. 1939

STATE OF MICHIGAN

In the Probate Court, County of INGHAM

To Probate Court of said County:

In the matter of Smith Helen Marie
Surname First Name Middle Name

address 1058 St. Joseph Lansing
Number Street — Road City — Village

I, A. M. Richards, M. D., do hereby certify that I am a permanent resident of
Name of Physician
Lansing, Michigan and that I am a licensed practitioner of medicine in the State of
City — Village

Michigan. I did on First day of April 19 44 personally examine the
said child, and further certify that said child, born 8-12-38 19 is in my opinion a crippled
Date Birth afflicted
child whose condition can be remedied at E. W. Sparrow Lansing
Hospital City

and that said child can not be treated in his own home, and that said facts and circumstances upon which this
opinion is based are as follows:

*HISTORY AND PRESENT FINDINGS: Acute pain in lower right abdomen,
Fever, vomiting.

*PHYSICAL DIAGNOSIS: Acute appendix

*COMPLICATIONS

MENTAL DIAGNOSIS: (These questions must be answered) if subnormal, give I. Q.

LENGTH OF HOSPITALIZATION (Estimated days, months, or years) 10 days

ACUTE CARE ☒ CONVALESCENT ☐ CUSTODIAL ☐ OUT-PATIENT ☐ PROGNOSIS
Curable or Incurable

CRIPPLED CASES ONLY: BRACES () ARTIFICIAL LIMBS () ORTHOPEDIC SHOES () CASTS
Number of

PHYSIOTHERAPY ☐ OTHER APPLIANCES ☐
How Often

If crippled, state whether child will benefit by medical or surgical treatment; educationally or vocationally:

TREATMENT: (Medical or Surgical) Surgical

EMERGENCY (x) URGENT () PRIVATE CASE () STAFF CASE ()
DATE April 2, 194 4 (Signed) A. M. Richards M. D.

*Use reverse side for additional information

Address—City, Street and Number

Telephone
437 16

Communicable
Diseases
Recharged to
Counties
Act 158
Act 283

45. All costs of care for crippled or afflicted children suffering from a dangerous communicable disease while in an approved hospital under Act 158 or Act 283, shall be paid by the state and recharged to the county from which the child was committed, as provided by the laws and regulations for the control of communicable diseases.

Where local facilities are available hospitalization of children suffering only from a communicable disease, whose care and treatment is provided for under the Communicable Disease Act, shall not be hospitalized under Act 283 and Act 158.

Act 158, Title III, Sec. 4. Act 283, Secs. 3 and 15.

The following diseases are designated by the Department of Public Health as dangerous communicable diseases:

Chancroid	Paratyphoid B
Cholera	Pertussis
Diphtheria	Plague
Diphtheria carriers	Poliomyelitis
Diarrhea of newborn	Psittacosis
Erysipelas	Scarlet Fever
Gonorrhea	Smallpox
Granuloma inguinale	Streptococcic sore throat (acute)
Leprosy	Syphilis
Lymphogranuloma venereum	Tuberculosis
Malaria	Typhoid
Measles	Typhoid cholecystitis
Meningococcic meningitis	Typhus
Paratyphoid A	Yellow Fever

Period of
Minimum Recharge
Act 158
Act 283

46. The minimum period rechargeable to the county shall be as follows:
- | | |
|-------------------------------|--|
| Diphtheria..... | During the period of contagion |
| Syphilis | Until recovery is complete |
| Measles..... | Minimum of 7 days and until recovery |
| Meningococcic meningitis..... | Minimum of 14 days from onset and until recovery |
| Pertussis | 3 weeks after development |
| Poliomyelitis..... | Minimum of 14 days |
| Scarlet fever..... | Minimum of 14 days |
| Smallpox..... | Until skin is clear |

Tuberculosis
Act 158
Act 283

47. a. When cases have been committed under Act 158 or Act 283 and are found to be complicated by tuberculosis (all types except bone and joint) they are to be transferred to Act 93 of the P.A. of 1937.
- b. When such cases are not in approved tuberculosis hospitals they are to be recharged to the county from the date that the diagnosis of tuberculosis is established until such time as the case may be transferred to an approved hospital or sanatorium under the Tuberculosis Act.
- c. It is to be understood that under ordinary circumstances cases of suspected tuberculosis should be committed under Act 93 for diagnosis rather than committed under these acts.
- d. Cases of TB bone and joint may be accepted if in the opinion of the Commission the facilities for treatment under Act 158 are better adapted to the particular needs of the case than those available under Act 93.

Act 158, Title III, Sec. 4. Act 283, Secs. 9 and 15.

- Definition
Emergency Case
Act 158
Act 283**
- Proof of
Emergency**
48. a. Emergency cases are considered to be those resulting from accidents or conditions so acute as to require immediate hospitalization.
- b. The Commission reserves the right in all cases of an emergency admittance of crippled or afflicted children to require proof of need for emergency care and treatment before approving hospital billings for payment of such services.
Act 158, Title III, Sec. 4. Act 283, Sec. 3.
- Change of Hospital
Act 158
Act 283**
49. Cases coming within the classification of either act under which the original court order is issued, provided such order is in effect, may be transferred to another approved hospital without the issuance of a new court order. The transfer order may be issued by the Commission or Judge of Probate. Copies of such transfer order shall be directed to the hospital, the Commission, and the Judge of Probate.
Act 158, Title VI, Sec. 16. Act 283, Sec. 6.
- Change of
Classification
Act 158
Act 283**
- Hospital or
Clinic Transfer**
50. a. In the event the original Court Order classifies a case as afflicted and the confirming diagnosis shows it to be crippled, or vice versa, the Commission shall request an amended order from Judges of Probate.
- b. Transfer to another approved hospital or clinic may be made without renewal of effective Court Order, by a Transfer Order (Form MCCC 26-R) issued by the Director or the Medical Coordinator.
Act 158, Title VI, Sec. 16.
- Transfer of Case**
- c. The Commission may issue transfer orders to some other approved hospital better adapted to the child's needs.
Act 158, Title VI, Sec. 16. Act 283, Secs. 6 and 9.
- Effective Period
of Transfer
Act 158
Act 283**
51. A transfer order shall not be effective until approved by the Commission or for a period beyond the expiration date of the original Court Order.
Act 158, Title III, Sec. 4. Act 283, Sec. 3.
- Definition of
Custodial Case
Act 283**
52. These are cases of normal mentality whose physical condition is such that further hospitalization is not indicated but under existing circumstances necessary care can not be rendered in the child's own home.
Act 283, Sec. 3.
- NOTE: The superintendents of hospitals shall report such cases to the Commission promptly.*
- Incurable
Mental Illness
or Defect
Act 158
Act 283**
53. a. Any child suffering only from an incurable mental illness or defect shall be retained in the hospital only for such period as may be necessary to discharge him to his home or to the jurisdiction of some other act.
Act 158, Title III, Sec. 4. Act 283, Sec. 9.
- Neuro-Psychiatric
Institute**
- b. The State Neuro-Psychiatric Institute shall not be approved for the purposes of these acts.
Act 158, Title III, Sec. 4. Act 283, Sec. 7.
- Sterilization**
- c. Sterilization of mental defectives shall not be approved as this is provided under Act 281 of the P.A. of 1929.
Act 158, Title III, Sec. 4. Act 283, Sec. 7.

Hospital
Discharge
Conveyance
Act 158
Act 283

54. a. Upon discharge the hospital shall immediately notify by telegram the Judge of Probate, authorized conveyer, parent, husband, guardian or kindred.
- b. Judges of Probate may authorize conveyance by bus or rail if the condition of the child permits such methods of travel. Parents or guardians may be included in these arrangements.
- c. If release is delayed beyond the provisions of paragraph 15, page 4, hospitals are authorized to purchase transportation.
- d. The purchase of bus or rail transportation shall be tax exempt. (*Tax Exemption Certificates are furnished by the Commission*).
- e. Billing for transportation shall be on Expense Voucher (Form A-75-R), accompanied by the tax exemption certificate, approved by the hospital or Judge of Probate, unless other procedures have been approved by the Commission.
Act 158, Title X, Secs. 31 and 35; Title III, Sec. 4.
- f. All costs of bus and rail transportation incident to delayed conveyance of afflicted children following discharge from the hospital shall be billed as in "e" above and recharged to the county from which the child was admitted.
Act 283, Secs. 16 and 19 a-2.

Age Limitation
Act 158
Act 283

55. The Commission assumes no responsibility for care of individuals beyond their twenty-first birthday.
Act 158, Title II, Sec. 2. Act 283, Sec. 2.

Determination of
Custodial Case
Act 158
Act 283

56. A case may be determined to be custodial upon the recommendation of the Director of the Commission after review of the case history and the mental and physical diagnosis of the child.
Act 158, Title III, Secs. 4 and 5. Act 283, Sec. 3.

ENTRANCE-DISCHARGE-CLINIC REPORTS, ACT 283
(Form MCCC-A5-56)

Note: Mailing instructions printed on form.

Entrance Report (Sections 1 and 2) Within 10 calendar days.

M.C.C.C.—A5-56—(5M—7-43)

HOSPITAL ENTRANCE REPORT

Act No. 283

Name Helen Marie Smith
Child
 Address 1058 St. Joseph St., Lansing
City-Village-Township
 County Ingham
 Name Parents Paul Mary
Father Mother
 Issuing Court Order
 Diagnosis Appendicitis
 Admitting A. M. Richards, M. D. A. H. Firth, M. D.
Physician Physician
 Anticipated days care 10 Hospital Insurance Case X Michigan Hospital Benefit Assoc.
Yes No Name of Company
 Date April 1, 1944 Hospital E. W. Sparrow Hospital
Name
 Hospital: Mail No. 2 copy to Judge of Probate within 8 days or to Medical District Office if so instructed. **1** Lansing, Michigan
Address

This entrance report effective for reporting cases under Act 186, P. A. of 1937 and Act 283 P. A. of 1939.

In-Patient ☒ Out-patient ☐

Date Admitted <u>4-1-44</u>	<u>10</u> A.M.	P.M.
Date Discharged		
Date Released	<u>8-12-36</u>	
Date of Birth		
Date Court Order		
Date Last Visit <u>9-5-38</u>	<u>X</u>	State Private

Discharge Report (Section 3) Within 7 calendar days.

M.C.C.C.—A5-56—(5M—4-44)

HOSPITAL DISCHARGE REPORT

Act No. 283

Name Helen Marie Smith
Child
 Address 1058 St. Joseph St., Lansing
City-Village-Township
 County Ingham
 Name Parents Paul Mary
Father Mother
 Issuing Court Order
 Diagnosis Appendicitis
 Admitting A. M. Richards, M. D. A. H. Firth, M. D.
Physician Physician
 Anticipated days care 10 Hospital Insurance Case X Michigan Hospital Benefit Assoc.
Yes No Name of Company
 Date April 11, 1944 Hospital E. W. Sparrow Hospital
Name
 Hospital: Insert dates of discharge and release and mail No. 3 copy to M.C.C.C. within 7 days or to Medical District Office if so instructed. **3** Lansing, Michigan
Address

This discharge report effective for reporting cases under Act 283 P. A. of 1939.

In-Patient ☒ Out-patient ☐

Date Admitted <u>4-1-44</u>	<u>10</u> A.M.	P.M.
Date Discharged <u>4-10-44</u>	Expired	
Date Released <u>4-10-44</u>		
Date of Birth <u>8-12-36</u>		
Date Court Order <u>4-5-44</u>		
Date Last Visit <u>9-5-38</u>	<u>X</u>	State Private

Clinic Report (Section 1) On or before 15th of month.

M.C.C.C.—A5-56—(5M—4-44)

HOSPITAL ENTRANCE REPORT

Act No. 283

Name Mary Elizabeth Jones
Child
 Address 515 Mason Street, Lansing
City-Village-Township
 County Ingham
 Name Parents John Mary
Father Mother
 Issuing Court Order
 Diagnosis Diabetes Mellitus
 Admitting A. M. Richards, M. D. A. M. Richards, M. D.
Physician Physician
 Anticipated days care 0 Hospital Insurance Case No
Yes No
 Date April 23, 1944 Hospital E. W. Sparrow Hospital
Name
 Hospital: Mail No. 1 copy to M.C.C.C. within 8 days or to Medical District Office if so instructed. **1** Lansing, Michigan
Address

This entrance report effective for reporting cases under Act 186, P. A. of 1937 and Act 283 P. A. of 1939.

In-Patient ☐ Out-patient ☒

Date Admitted <u>4/8-12-22/44</u>	A.M.	P.M.
Date Discharged		
Date Released		
Date of Birth <u>8-12-36</u>		
Date Court Order <u>1-10-44</u>		
Date Last Visit <u>3-15-44</u>	<u>X</u>	State Private

SECTION III—HOSPITAL

- Approved Hospitals**
Act 158
Act 283
70. Hospitals which fulfill the requirements as set forth in the standards of the Michigan Crippled Children Commission as adopted June 3, 1942, or as they may be revised thereafter pursuant to the provisions of this act may be approved.
- Entrance Reports**
Act 158
Act 283
71. a. In-patients—Form MCCC A-5-56
Out-patients—Form MCCC-57
Act 158, Title VI, Section 18.
b. In-patients—Form MCCC A-5-56
Out-patients—Form MCCC A-5-56 or 57.
(See pages 11-a, 13-a and 14-a).
Act 283, Section 8.
- Entrance Reports**
Act 158
Act 283
72. a. Hospitals shall be responsible for reporting to the Commission the admittance of in-patients, or transfer patients within 10 calendar days of admission on Form MCCC A-5-56.
Act 158, Title VI, Section 18. Act 283, Section 8.
- Delinquent Reports**
- b. Delinquent reports shall become effective 10 calendar days retroactive from the date the report is received by the Commission or its representative.
- Out-Patient Reports**
- c. Out-patient reports, Forms MCCC-57, or A-5-56 received on or before the 15th of the month subsequent to the month of service will be acceptable for payment.
- Grouping Out-Patient Visits**
- d. Clinic and out-patient visits of one individual may be grouped by dates of service covering calendar month periods on one clinic report, if visits are for the same condition.
- Physicians and Nurses**
- e. The regulations under "b" above shall not apply to physicians' and surgeons' and nursing services.
- Cancellation**
- f. When entrance report (Form MCCC A-5-56) has been submitted and it is later determined that the case is not eligible for state aid, hospitals are requested to cancel THE ORIGINAL ENTRANCE REPORT IMMEDIATELY by submitting Section 3 of the report indicating disposition thereon.
Act 158, Title III, Section 4. Act 283, Section 3.
- Insurance Cases**
Act 158
Act 283
73. Superintendents of hospitals are expected to notify the Commission of the entrance of all cases under Act 158 and Act 283 who are beneficiaries of Michigan Hospital Service Certificate, indemnity contracts, public liability or casualty insurance, and report such information on entrance report (Form MCCC A-5-56) in the space provided, giving such information as will properly identify the certificate contract or liability insurance coverage.
Act 158, Title VI, Section 18. Act 283, Section 8.
- Original Coverage Court Order**
Act 158
Act 283
74. A Court Order is authority for the original acute care, (10 days afflicted and 15 days crippled), provided need for acute care is justified.
Act 158, Title VI, Section 17. Act 283, Section 3.
- Accident Cases**
Act 158
Act 283
75. In all cases resulting from an accident, the entrance report shall indicate cause of injury.
Act 158, Title III, Section 4. Act 283, Section 3.

HOSPITAL SERVICE REQUEST (Form MCCC-6-R)

Note: Limitations for filing.

A most careful analysis of the various uses of this report is recommended to all the representatives of hospitals and clinics.

Form M.C.C.C. 6-R—10M Sets—2-43
Original—White—M.C.C.C.
Duplicate—Blue—M.C.C.C.
Triplicate—Yellow—Hospital

REQUEST FOR HOSPITAL SERVICES

Act 158 P. A. of 1967—Act 283 P. A. of 1969

Michigan Crippled Children Commission
Lansing, Michigan

Patient's Record County of <u>Ingham</u> Court Order <u>7/12/44</u> Expiration date <u>Joan Hale</u> Name of Patient <u>6/15/29</u> Birth date <u>3876 Willow</u> Address No. Street—R.F.D. City/Village <u>Lansing, Michigan</u> Parent's Name <u>Paul and Martha Hale</u>	SERVICE REQUESTED Act No. <u>283</u> Acute Care <input type="checkbox"/> Convalescent <input checked="" type="checkbox"/> Supplementary <input type="checkbox"/> Appliances <input type="checkbox"/> Special Services <input checked="" type="checkbox"/> Special Drugs <input type="checkbox"/> Special Fees <input checked="" type="checkbox"/> Foster Home Care <input type="checkbox"/> Other <input type="checkbox"/> Extension Requested: From <u>5/20/44</u> to <u>5/30/44</u> Rate of \$ <u>3.25</u> per <input checked="" type="checkbox"/> Day <input type="checkbox"/> Week	INSTRUCTIONS TO HOSPITALS: Submit <u>duplicate</u> requests for hospital services on this form for Crippled and Afflicted children within <u>five days</u> following initial acute period, 15 days—Act 158, 10 days—Act 283, or expiration of last service approval. Approval of service shall be subject to Rules and Regulations of the Commission. Name of Hospital <u>E.W. Sparrow</u> Date <u>5/18</u> Address <u>Lansing</u> Date Admitted <u>4/10/44</u>
--	--	--

PHYSICIAN'S STATEMENT

Diagnosis: Meningitis (meningococcic), ear abscess

Brief Summary of case to date: Acutely ill until 5/15/44

Type of Operation: { Paracentesis of ear Date of Operation May 5 194 4

Prognosis and Need for further care: { As soon as abscess stops draining child can be discharged. Estimated period of further care 10 days. Prognosis good.

Special Service give details on cost of — Drugs and Appliances { Miss Jennie Mick, special nurse 5 nights - 8 hours: 4/10, 11, 12, 13, 14/44, \$7.00 per night. Blood transfusion 5/1/44, 500 cc Type 3, donor Joe Boyce, (professional donor), 327 N. Division St., Lansing. Receipt will accompany billing.

REMARKS: { Permission is requested to bill for doctor's calls on 4/27, 5/1, 3, 12, 15, 18/44

Service requested by: (Personal Signature) M. D. (Personal Signature)
 (Personal Signature) Superintendent of Hospital

This space reserved for Michigan Crippled Children Commission:

Requests for Hospital Services Act 158 Act 283	76. Request for Hospital Service, (Form MCCC 6-R) shall be used for acute and convalescent care, supplementary treatment, appliances, special services, special fees and foster home care and must be personally signed by the superintendent and the physician.
Extension Acute and Convalescent Periods	a. When a period of care is required beyond the acute allowance of 10 days for afflicted and 15 days for crippled, (unless otherwise stipulated) the hospital shall request extension of services indicating the necessity of further care.
Periods of Extension	b. Crippled (acute, maximum) .....15 days Afflicted (acute, maximum) .....10 days Crippled (convalescent, maximum) .....30 days Afflicted (convalescent, maximum) .....30 days
Time Limit For Filing	c. Requests shall be submitted to the Commission or its representative, within seven calendar days following the initial acute period, or expiration of the last service approval.
Penalty Delinquent Extensions	d. Requests delinquent more than seven calendar days when received by the Commission, or its representative, will be effective from date received and not retroactive to expiration date of last approval, providing continued care justifies approval.
Exception	e. The penalty under "d" above shall not apply to physicians', surgeons' and nursing services.
Change of Condition	f. If the condition for which an afflicted child is hospitalized is such that a crippling condition does exist or will result such information should be included on Form MCCC 6-R. <i>Act 158, Title III, Section 4, Title VI, Section 18. Act 283, Sections 3 and 8.</i>
Notice of Recharge Period Act 158 Act 283	77. Hospitals shall notify the Commission of the period of isolation for any child afflicted with a contagious condition. Such information shall appear on Form MCCC 6-R. <i>Act 158, Title III, Section 4. Act 283, Sections 9 and 15.</i>
Supplementary Treatment In-Patient Act 158	78. a. When a crippled child is receiving in-patient treatment under the care of an approved orthopedic or plastic surgeon, and develops a condition which would classify under the Afflicted Children's Act, the treatment of which is not within the scope of the orthopedic or plastic surgeon, such treatment shall be rendered as supplementary treatment under the existing Court Order under Act 158.
	b. Such service shall be requested on Form MCCC 6-R, and approved by the Commission, or its representative.
Out-Patient	c. If the crippled child is receiving treatment in the Out-patient Department only, the above does not apply. See procedure under paragraph 44, page 8. <i>Act 158, Title III, Section 4, Act 283, Section 3.</i>
Extension Physician's Visits Act 158 Act 283	79. Requests for physician's bedside visits beyond the maximum (15 calls) must be submitted on Hospital Service Request, (Form MCCC 6-R), indicating necessity of further calls, and signed by the physician. <i>Act 158, Title III, Section 4, Act 283, Section 3.</i>

ACT 158 (Crippled)
HOSPITAL DISCHARGE REPORTS (Form MCCC-57)

Triplicate copies required within 7 calendar days. Surgeon's report must be complete as to service rendered, findings, and recommendations for future care.
Important: Date to return.

HOSPITAL DISCHARGE REPORT		FOR COMMISSION USE ONLY
<p>Mail All Copies of This Report To: Michigan Crippled Children Commission 458 Hollister Bldg., Lansing, Michigan (unless otherwise instructed)</p>		<p>(1-6) Ser. No. (7-10) Co. Res. (11-14) Date S. (19-21) Diag. (22-24) Inst.</p>
<p>ACT No. <u>158</u></p>		
<p>Doe, John 7/6/27 <small>(Name of Patient) (Birth Date)</small></p>		
<p>1011 First Ave., Port Huron, Mich. Port Huron St. Clair <small>(Present Address) (Town) (Township) (County)</small></p>		
<p>Doe, John - Father <small>(Name of Parent or Guardian)</small></p>		<p>DATE ADMITTED: <u>8/10/40</u> DATE DISCHARGED: <u>8/28/40</u> DATE TO RETURN: <u>2 months</u></p>
<p>PATIENT DISCHARGED TO: Home <input checked="" type="checkbox"/>; Convalescent-home <input type="checkbox"/>; Foster Home <input type="checkbox"/></p>		
<p>As above <small>(Address)</small></p>		
<p>DIAGNOSIS: <u>Bilateral talipes equino varus; post-operative on left.</u></p>		
<p>PART AFFECTED: <u>Feet</u></p>		<p>DATE OF ONSET: <u>Birth</u></p>
<p>Is patient vocationally handicapped? Yes <input type="checkbox"/>; No <input checked="" type="checkbox"/></p>		
<p>OPERATION OR TREATMENT GIVEN: (Dates) <u>6/12/40 Left Achilles tendon lengthening and triple</u> <u>arthrodesis - wedges in cast to correct adduction and equinus. 6/21/40 removed part of</u> <u>stitches - applied long leg cast.</u></p>		
<p>PROGNOSIS: <u>Good with continued treatment</u></p>		
<p>DESCRIPTION OF APPLIANCES, SHOE MODIFICATION, ETC., PRESCRIBED: <u>Continue use of club foot shoe on</u> <u>right.</u> to be worn at night, Yes <input type="checkbox"/>; No <input type="checkbox"/></p>		
<p>RECOMMENDATIONS FOR AFTERCARE: (dressings, medications, rest period—frequency and length of time)</p>		
<p style="padding-left: 40px;">Non-weight bearing on cast; cast care - observe for pressure areas or skin irritation. Exercises as below for right foot.</p>		
<p>REMARKS:</p> <p style="padding-left: 40px;">6/14/40 post-operative triple arthrodesis of left foot shown by x-ray; abnormally high position of navicular with reference to astragalus. Right foot remains in good position with no equinus but in mild varus position.</p>		
PHYSICAL-THERAPY	FREQUENCY	LIST EXERCISES AND INSTRUCTIONS
Hydrotherapy		
Coordination		
Heat		
Massage <u>X</u>	<u>10 min. b.i.d.</u>	<u>Light stroking from ankle to knee and toes to ankle.</u>
Muscle test		
Muscle training		
Muscle stretching <u>X</u>	<u>20 times b.i.d.</u>	<u>Discontinue stretching of right tendon Achilles. Stretch foot</u>
Exercises: Active <u>X</u>	<u>20 times b.i.d.</u>	<u>(right) in up and out position. Have child turn foot up and</u> <u>out as far as possible.</u>
Passive		
Posture exercises		
Standing instruction		
Walking		
<p>SCHOOL: Physical disability requires: orthopaedic school room facilities <input type="checkbox"/> physical-therapy at school <input type="checkbox"/> home teaching <input type="checkbox"/> No modification of program <input checked="" type="checkbox"/> (summer vacation)</p>		
<p>Patient will be under local care of Dr. <u>M. A. Johnson</u> Port Huron, Michigan <small>(Name of Family Physician) (Address)</small></p>		
<p>Signed <u>James Spade, M.D.</u> Blank Hospital Date <u>6/30/40</u> <small>(Orthopedic Surgeon)</small></p>		
<p><small>M.C.C.C.-C-57-20M-4-43 White—M.C.C.C. Canary—M.C.C.C. Canary—M.C.C.C.</small></p>		

Special Nursing
Services
Act 158
Act 283

80. Approval for special nursing service shall be subject to the following requirements:

1. Registered nurse.
2. Devote full time to patient (unless otherwise approved by the Commission).
3. Billing of services at local rates.
4. Hospitals shall furnish board without charge to the Commission or nurse.
5. Billing shall show name, dates, and hours of service. Method of billing, see paragraph 112, page 24. (See page 23-a).
Act 158, Title III, Section 4, Act 283, Section 3.

Pregnancy Cases
Act 283

81. The maximum period for normal pregnancy cases is 10 days, unless complications arise, in which instance, extension of care must be requested on Form MCCC 6-R, and be approved by the Commission or its representative.
Act 283, Section 3.

Newborns
Act 158
Act 283

82. Care of newborns is included in the per diem flat rate for the care of the mother during the maximum period or for any extension thereof.

1. Conditions which require extension of care of newborns beyond the maximum period or extension thereof for the mother will be accepted as of the **DATE OF DISCHARGE OF THE MOTHER** at the approved acute or convalescent rate for the hospital effective as of the date of service, based upon the type of service necessary.
2. Hospitals shall be responsible for making application for Court Order for newborns to the Judge of Probate if the period of care extends beyond the date of discharge of the mother.
3. Hospitals shall report on Form MCCC A-5-56 newborns remaining beyond the discharge of the mother.
4. If a child at birth has a crippling condition and the child remains in the hospital beyond the period of care approved for the mother, a Court Order should be requested under Act 158. Otherwise, it should be made out under Act 283.

Act 158, Title III, Section 4. Act 283, Section 3.

Newborns
Court Order

Procedure
Reporting
Newborns
Change of
Classification

Discharge Reports
Act 158
Act 283

83. a. Hospitals shall be responsible for forwarding discharge reports within 7 calendar days after discharge of the patient, furnishing full information as to service rendered, findings, recommendations of examining surgeon, as regards further treatment and return date, as requested on the following forms:

For Crippled Children, MCCC-57 (In triplicate)

For Afflicted Children, MCCC A-5-56 (Section 3).
(See page 11-a).

Established
Diagnosis

b. The established diagnosis should appear on the discharge report.
Act 158, Title VI, Section 18. Act 283, Section 8.

Discharge Due
to Death
Act 158
Act 283

84. The death of a patient shall be recorded on the discharge report and the date that respirations ceased shall be inserted as the date of discharge.

Act 158, Title VI, Section 18. Act 283, Section 8.

OUT-PATIENT (CLINIC) REPORT (Form MCCC-57)

Triplicate copies required on or before the 15th of month subsequent to month of service.

Important: Report must be complete as to service rendered, x-rays, casts, shoes purchased, and modifications or other appliances ordered on the recommendation of the surgeon, and physical therapy instructions to parents.

CLINIC REPORT

Mail All Copies of This Report To:
Michigan Crippled Children Commission
458 Hollister Bldg., Lansing, Michigan
(unless otherwise instructed)

ACT No. 158

FOR COMMISSION USE ONLY

(1-6) Ser. No.
(7-10) Co. Res.
(11-14) Date S.
(19-21) Diag.
(22-24) Inst.

Jones, John LeRoy

(Name of Patient)

3/22/41

(Birth Date)

R. #8, Bad Axe

(Present Address)

Sheridan

(Town) (Township)

Huron

(County)

Jones, Ronald - Father

(Name of Parent or Guardian)

PATIENT DISCHARGED TO: Home ☒; Convalescent-home ☐; Foster Home ☐;

(Address)

DATE ADMITTED: 10/16/42
DATE DISCHARGED: 10/16/42
DATE TO RETURN: 3 months

DIAGNOSIS: Bilateral talipes equino varus

DATE OF ONSET: Birth

PART AFFECTED: Feet

Is patient vocationally handicapped? Yes ☐; No ☒

OPERATION OR TREATMENT GIVEN: (Dates) 3/26/41 to 6/20/42 series of wedged plaster casts with feet in dorsal flexion and eversion.

PROGNOSIS: Good with continued treatment.

DESCRIPTION OF APPLIANCES, SHOE MODIFICATION, ETC., PRESCRIBED: To wear club foot shoes with 3/16" lifts on outer borders, soles and heels.

to be worn at night, Yes ☒; No ☐

RECOMMENDATIONS FOR AFTERCARE: (dressings, medications, rest period—frequency and length of time)

Public Health Nurse or Crippled Children's worker to check shoes in 6 weeks for wear and maintenance of corrected position; to supervise exercises listed below.

REMARKS: On examination feet show good correction. They are free and flexible and over-correct well passively. There is no equinus present, but are still held in mild varus position.

PHYSICAL-THERAPY	FREQUENCY	LIST EXERCISES AND INSTRUCTIONS (Physical Therapist)
Hydrotherapy		Stretching: Grasp child's foot above ankle with left hand.
Coordination		Place palm of right hand under arch of child's foot; turn
Heat		foot up and out as far as possible. Maintain pressure for
Massage		a minute and release gradually. Repeat 20 times.
Muscle test		
Muscle training		
Muscle stretching	X 4-5 times day	Exercises: Child to turn right and left foot up and out,
Exercises: Active	5 min. each time	Repeat 20 times. Co-operation may be obtained by placing
Passive		an object above and to the side of the foot for the child
Posture exercises		to touch with outer border of his foot, thus obtaining the
Standing instruction		desired motion actively. Knee and hip motion should be pre-
Walking		vented during exercise.

SCHOOL: Physical disability requires: orthopaedic school room facilities ☐ physical-therapy at school ☐ home teaching ☒ No modification of program ☒

Patient will be under local care of Dr. A. L. Smith

(Name of Family Physician)

Bad Axe

(Address)

Signed T. L. Jones, M.D.

(Orthopedic Surgeon)

Hospital Blank Hospital

Date 10/17/42

M.C.C.C.-C-37-20M-1-43

White—M.C.C.C.

Canary—M.C.C.C.

Canary—M.C.C.C.



Rate Classifications
for Hospitals
Act 158
Act 283

85. For purposes of determining Commission hospital rates, consideration is given to the classification of hospitals as follows:
- A.C.S. (Approved by American College of Surgeons)
 - Non-A.C.S. (All other hospitals)

Flat Rate
All Inclusive
Act 158
Act 283
Exceptions to
Flat Rates

86. a. All approved hospitals shall be paid a FLAT PER DIEM RATE for care during the acute and convalescent periods, which shall include all services and materials supplied by the hospital.
- b. The following are approved in addition to the flat rate allowances:
- | | |
|----------------------------------|----------------------------|
| Braces, appliances | Schedule |
| Nursing care (special) | Local Community Rate, R.N. |
| Telephone, telegrams | See paragraph 99, page 21 |
| Blood (donors) | \$5.00-100cc |
| Glasses (cost—plus 10%) | \$7.50 maximum |
| Physicians'-Surgeons' Fees | Schedule |
- Act 158, Title X, Section 30. Act 283, Section 13.*

Method of
Determination of
Flat Rates
Act 158
Act 283

87. a. The flat rates to be paid to hospitals for acute and convalescent care shall be determined semi-annually and effective April 1st and October 1st, of each year. The factors considered in making the determination are as follows:
- Cost of in-patient service per patient day, Form MCCC 225.
 - Rates charged to general public for ward care inclusive of extras, Form MCCC 227, paragraph 30.
 - Summary of income on Form MCCC-227, from counties as the result of contractual agreements with public agencies for the care of afflicted adult patients who have been discharged from the hospital, inclusive of extras, for the preceding six months periods ending January 1st and July 1st.

Adjustments due
to Delinquent
Reports

- b. The above reports shall be filed with the Commission on or before March 15th and September 15th, of each year, otherwise billings for hospital services shall be allowed at the following rates if not in excess of the flat rates determined for the preceding 6 months periods:
- | | |
|--|---------------|
| Acute Periods—A.C.S. Hospitals | \$4.75 |
| Non-A.C.S. Hospitals | 3.75 |
| Convalescent Periods—A.C.S. Hospitals | 2.50 |
| Non-A.C.S. Hospitals | 2.50 |

Approved Rates
Act 158
Act 283

88. a. **Acute Periods**
- A.C.S. Hospitals (Maximum) \$6.25 per diem
 - Non-A.C.S. Hospitals (Maximum) 5.25 per diem
- b. **Convalescent Periods**
- A.C.S.—Non-A.C.S. Hospitals (Maximum) 3.75 per diem
- c. Convalescent Home Care (Maximum) 3.75 per diem
- d. Foster—Boarding Home Care By Negotiation

NOTE: The maximum rates will be subject to adjustment and allowed at whichever rate is lower in accordance with an analysis of Forms MCCC 225 and 227 as required under 1, 2 and 3, Paragraph 87.

Notification of hospitals per diem flat rate will be directed to each approved hospital indicating the effective date.

Act 158, Title X, Section 30. Act 283, Section 13.

Act 158

Act 283

See page 14-a and
paragraph 72

Act 283 (only)

See page 11-a

e. **Out-Patient Visits**

Reported on Form MCCC-57 (158 and 283) \$1.00 per visit

(Report must be complete as to service rendered, findings, and recommendations of examining physician as regards further treatment and return date.)

Reported on Form MCCC A-5-56 (283)50 per visit

Act 158, Title IX, Section 30, Title III, Sec. 4. Act 283, Sections 3, 10, 13.

OUT-PATIENT EXTRAS

(Paragraphs 89 through 95).

Out-Patient
Extras
Act 158
Act 283

89. Anaesthetic (applying dressings, casts or wires)	\$2.00
Autogenous vaccine	5.00
Basal metabolism	2.50
Blood calcium	2.00
Blood Cholesterol	2.00
Blood, fluid or pus culture	2.00
Blood sugar	3.00
Casts	Paragraph 95, page 20
Complete blood count	1.50
Red, white, and differential, each . . . . .	.50
Desensitization solution	6.00
Dressings, small . . . . .	.25
large . . . . .	.50
Electrocardiogram	3.50
Gastric analysis	2.00
Gram stain . . . . .	.50
Insulin	see Paragraph 98, page 21
Liver extract, Liver and Iron concentrate (Not to exceed 7 days supply at list cost plus 10%)	
Meals, diabetic (Limited to two)ea.	.75
Meals, regular (Limited to two)ea.	.50
Mouse inoculation	2.00
N.P.N.	2.00
Operating Room	5.00
Prescriptions (not to exceed)	1.50
Physiotherapy	Paragraph 90, pages 16 and 17
Proteins for testing (50 or more tests, not to exceed)	3.00
Sulfonamides in blood	3.00
Urea clearance	3.00
X-rays	Paragraph 94, pages 17, 18 and 19

Physiotherapy
Hydrotherapy
Act 158
Act 283

Heat

Exercises

90. Includes: Hot packs, Kenny treatment, whirlpool, contrast bath, pool, Hubbard tank, other (specify)

Includes: Infra red, diathermy, paraffin, other (specify)

Includes: Active and passive exercises, posture work, coordination, muscle reeducation, relaxation work, stretching, balance work, walking instruction, muscle testing, other (specify)

NOTE: Charges allowed on a basis of time spent and modality used.

**NO BILLING WILL BE ALLOWED FOR ANY CHILD UNLESS
THE TECHNICIAN HAS GIVEN THE TREATMENT.**

Periods of Treatment (Minutes)	1 Heat	2 Hydro- therapy	3 Mas- sage	4 Exer- cises	Total Any (2) 1 to 4	Total Any (3) 1 to 4
(A) 15 to 30.....	.30	.40	.40	.40	.60	.80
(B) 30 to 45.....	.50	.60	.70	.80	.90	1.00
(C) 45 to 60.....	.70	.80	1.00	1.20	1.30	1.50
(D) 60 min. (or over).. maximum per diem	.90	1.00	1.25	1.60	1.80	2.00

The above fees are inclusive of reports on Form MCCC-57

Variable periods of treatment—including combinations of classifications of treatments may be billed at the combined rates.

Example:

A—(1) and (2) .....	.60
B— (3) .....	.70
	<hr/> \$1.30

X-RAY SCHEDULE

X-Ray
Act 158
Act 283

91. The following schedule applies to Out-patient Department services only. If patient is eligible under Michigan Hospital Service and Michigan Medical Service certificates, refer to paragraph 102, page 22.

Progress
X-rays
Act 158
Act 283

92. Progress x-rays shall be allowed at the fee stipulated (Code No. 100) for a 30 day period following the initial x-ray. At the end of the 30 day period another x-ray will be allowed at the full rate.

Combination
X-rays
Act 158
Act 283
See page 24-a

93. Any combination of x-rays taken on the same plate shall be charged at the rate for the next highest group. Hospital billing must indicate the views taken on one plate. Example: No. 103 and No. 222 charged as No. 300, or No. 105 AP and lateral views charged as No. 200. No. 105 right and left on same plate charged as No. 200.

BILLING INSTRUCTIONS—Use Code Number of Service

Group 1
Nos. 100-110
Rate \$2.00

- | Code No. | |
|----------|---|
| 94. 100 | Special Examinations, all progress examinations within 30 days. (Identify, itemize) |
| 101 | Fingers (one or both hands) |
| 102 | Wrist (one) |
| 103 | Forearm (one) |
| 104 | Toes (one or both feet) |
| 105 | Ankle (one) |
| 106 | Lower leg (one) |
| 107 | Larynx and trachea |
| 108 | Thymus in children |
| 109 | General Abdomen |
| 110 | Preliminary examination for suspected ocular foreign body. |

Group 2
Nos. 200-241
Rate \$2.75

- 200 Special examinations, combined examinations (Identify, itemize)
- 221 Elbow (one or both)
- 222 Humerus
- 223 Shoulder (one)
- 224 Knee (one or both)
- 225 Femur
- 226 Hip joint (one)
- 227 Regular chest
- 228 Chest bones
- 229 Bedside chest
- 230 Cardiac orthodiagram only
- 231 KUB
- 232 Pyelogram (Retrograde)
- 233 Cervical, thoracic or sacral spine (any one)
- 234 Regular sinuses
- 235 Barium enema
- 236 Examination of esophagus only
- 237 Injection of sinus tract
- 238 Uterogram—tubal potency test
- 239 Measurement obstetrical conjugate
- 240 Fluoroscopic examinations
- 241 Mandible

Group 3
Nos. 300-369
Rate \$4.50

- 300 Special examinations, combined examinations, (Itemize)
- 350 Obstetrical conjugate
- 351 Both shoulders
- 352 Both hip joints
- 353 Stereo of pelvis
- 354 Complete study of long bones
- 355 Teleo of spine
- 356 Special study of 5th lumbar vertebra
- 357 Regular skull
- 358 Study of optic foramina
- 359 Regular mastoid examination
- 360 Pyelogram (intravenous)
- 361 Cystogram
- 362 Chest with iodized oil injection
- 363 Regular chest stereo (patient in bed)
- 364 Complete study of chest
- 365 Complete cardiac study
- 366 Upper GI examination
- 367 Cholecystogram
- 368 Biplane Fluoroscopic Examination
- 369 Routine spine

Group 4
Nos. 400-491
Rate \$6.50

- 400 Special examinations (Identify, itemize)
- 481 Complete spine study (Routine spine plus cervical cholecystogram, upper G. I. examination. All requested in advance)
- 482 Complete GI series (Colon)
- 483 Pneumoperitoneum
- 484 Foreign body localization in chest
- 485 Pregnant uterus pelvic measurements (Complete pelvic measurements)
- 486 Anterogram
- 487 Encephalogram
- 488 Ventriculogram
- 489 Iodized oil in spinal canal
- 490 Sweet localization foreign body in eye
- 491 Smith-Peterson examination

Group 5
No. 500
Rate \$8.00

X-ray Therapy
Act 158
Act 283

500 Special examinations, combined examination, (Identify, itemize)

222 X-ray Treatments

Superficial No. 80	
1000 R or less.....	\$2.50
1001 R—3000 R.....	4.00
3001 R—5000 R.....	6.00
5001 R—7000 R.....	8.00
7001 R—More	10.00

X-ray Treatments

Deep Therapy No. 81.....	1.25
--------------------------	------

X-ray Treatments No. 82

Radium capsules, gamma plaques, applicators and platinum needles	
Per 100 MGHS.....	.10
Minimum charge	2.50

X-ray Treatment No. 83

Radium plaques	
Beta Radiation—1st Field.....	4.00
Beta Radiation—Add. field.....	.80

X-ray Desiccation No. 85

1/2 hour or less.....	5.00
1/2 hour to 1 hour.....	10.00
Over 1 hour.....	15.00

X-ray Treatment No. 86

Radon Seeds—1 mm and under.....	2.00
2 mm and under.....	3.50

X-ray Treatment No. 88—Radium Professional Fee

Ultraviolet, children (.50 per treatment).....	3.00
Ultraviolet, local and general.....	1.00
No additional charge for dressing	
Ultraviolet, water cooled.....	1.50
No additional charge for dressing	
Heliotherapy, each .....	.50
6 General	3.00
Helium therapy per hour.....	1.25

Miscellaneous
X-Rays

Screen reading	\$.50
Complete dental x-ray.....	2.25
1/2 dental x-ray of mouth.....	1.15
Single x-ray .....	.50
Bilateral x-ray of jaw 5 x 7.....	1.50
Occlusal x-ray .....	.75
Right wing x-ray.....	.75

**Casts and
Materials
Use of Fracture
Room
Act 158
Act 283**

**Billing Instructions
Use Code Number
of Service**

95. Charges for casts shall not exceed the following rates:

Code No.		
601	Arm, elbow	\$5.00
602	Arm, long unilateral.....	5.00
603	Arm, long bilateral.....	7.50
604	Arm, short unilateral.....	5.00
605	Arm, short bilateral.....	7.50
606	Back Mold	5.00
607	Body Long	7.50
608	Body Short	5.00
609	Club foot, unilateral.....	3.00
610	Club foot, bilateral.....	5.00
613	Finger	1.00
614	Foot, unilateral	3.00
615	Foot, bilateral	5.00
616	Hand	2.00
617	Heel	2.50
618	Hip spica, long unilateral.....	5.00
619	Hip spica, long bilateral.....	7.50
620	Hip spica, short unilateral	5.00
621	Hip spica, short bilateral.....	7.50
622	Leg, short unilateral.....	5.00
623	Leg, short bilateral.....	7.50
624	Leg, long unilateral	5.00
625	Leg, long bilateral.....	7.50
626	Leg, short to be used with Boehler Iron, unilateral.....	5.00
627	Leg, short to be used with Boehler Iron, bilateral.....	7.50
637	Neck	2.50
628	Shoulder spica, unilateral.....	5.00
629	Shoulder spica, bilateral.....	7.50
635	Thumb spica	1.00
636	Torso and hip.....	5.00
632	Wrist, cock up.....	2.50

The charges for other types of casts shall be fixed by negotiation with the Commission.

In cases of multiple casts, the most costly will be allowed at the scheduled rate and each additional at 50% of this schedule.

**Renewal
Court Order
Hospital
Responsibility
Act 158
Act 283**

96. It shall be the responsibility of the hospitals to notify the parents, husbands, guardians or kindred AT LEAST TWO WEEKS IN ADVANCE IF CHILD IS AN IN-PATIENT, that there is a necessity of renewing the Court Order before the expiration date, and a new physician's certificate is not required.

Act 158, Title III, Section 4. Act 283, Section 3.

**Appendicitis
Act 283**

97. a. The determination of acute appendicitis and the necessity for immediate hospitalization as an emergency case shall be confirmed by such examinations as are generally accepted for such determination, and if deemed necessary, by a consultation.
- b. In all cases of appendectomy, the Director may require a pathological report by a recognized pathologist as a part of the billing to the Commission for such services.

Act 158, Title III, Section 4. Act 283, Section 3.

To Take Home
at Discharge
Act 158
Act 283

98. Autogenous vaccine \$5.00
Diabetic Kit 5.00
 2 insulin syringes, 2 needles
 5 day treatment of insulin
 2 test tubes, 1 test tube holder
 4 ounces Benedict solution
Dressings, not to exceed..... 1.50
Prescriptions, not to exceed..... 1.50
Act 158, Title X, Section 30. Act 283, Section 13.

Telegrams
Telephone
Calls
Act 158
Act 283

99. Hospitals may bill the Commission for:
1. **Telegrams** when copies are submitted with billing.
 2. **Telephone calls** when necessity is explained on individual service invoice.
- Telegrams and telephone calls shall be limited to Judge of Probate, parents, husbands, guardians, conveyor or Commission and permitted for the following reasons:
- a. Advising date of discharge
 - b. Requesting permission for surgery
 - c. Approvals for surgery
 - d. Advising date respirations ceased
- Act 158, Title III, Section 4. Act 283, Section 3.*

Purchase of Blood
Act 158
Act 283

100. A sincere effort should be made to secure blood from relatives, or friends, in which case no allowance is made for blood.
- The following information should be furnished:**
1. Relation of donor to patient
 2. Number of transfusions
 3. Number of cc of blood administered each time
 4. Name and address of donor
 5. Dates of transfusions
- A receipt from the donor shall be attached to the billing. Billings shall identify the name of the donor. Act 158, Title III, Section 4. Act 283, Section 3.*

Indemnity
Public Liability
Casualty and
Accident Contracts
Act 158
Act 283

101. a. Hospitals shall be responsible for making a prompt determination of the acceptance of any case subject to hospital indemnity contract or possibly a beneficiary of a public liability and accident or casualty insurance adjustment, within the statutory provisions of Act 158 or Act 283 if the Commission is to give consideration for the acceptance of the case as eligible for state aid.

Responsibility for
Settlement

- b. If the Commission accepts a case under section "a", it shall assume the responsibility for effecting any and all adjustments with parents, husbands, guardians, associations, or companies underwriting the contracts insofar as the cost of care for the hospitalization of the child.

Payment of
State Rates

- c. If accepted as a state case, hospital, physician's and other services are limited to the approved fee and rate schedule of the Commission effective as of the dates of service.
(Authority Attorney General's Opinion No. 0524 dated July 6, 1943 and No. 01559 dated February 14, 1944)

INDIVIDUAL INVOICE (Form MCCC-101)
Michigan Hospital and Medical Certificate

Approved procedure for applying benefits and approved extras as accrue to the subscriber patient during the full and partial rate periods.

M.C.C.C. No. 101-7-10-42-25M Sets					
Serial No. M.C.C.C.	Surname	First Name	Second Name	Hospital Voucher No.	
	Smith	Henry	James	28	
Act No.	County	Patient's Address		Month of Service	
158	Kent	402 S. Edison, Grand Rapids		May	
Hospital Name and Location		Father's Name		Audit Stamp VENDOR LEAVE BLANK	
Hospital Name & Address		John			
		Mother's Name			
		Mary			
Date Last Visit	Date Admitted	Date Discharged	Date Birth		
New	5/1/44	Remaining	6/17/33		
Physician's Name		Diagnosis			
Dr. C. H. Snyder		Polio myelitis			

Application of fees for FULL and PARTIAL RATE PERIODS for approved extras to Michigan Hospital Service Certificate.

TYPE OF SERVICE	DATE OF SERVICE	DESCRIPTION	NO. DAYS CARE			DAY RATE	TOTAL CHARGES
			O.P.D.	Acute	Conv.		
HOSPITAL	5/1 - 5/22	Daily care (Full rate period)	M.H.S.				No Charge
	5/22- 6/1	Daily care (Partial rate period)		10		1.625	16.25
X-RAY	5/1/44	#225 (Full rate period)					2.75
	5/25/44	#352 (\$4.50) Half rate period					2.25
APPLIANCES	5/31/44	Brace (According to schedule) Shoes (According to schedule)					
TREATMENTS	5/21/44	A 1-4 - 60¢ (Full rate period)					.60
	5/23, 25, 27, 29, 31/44	A 1-4 (5 @ .60 - Half rate period - \$1.50)					1.50
MISCELLANEOUS							Insert Total
PHYSICIAN	5/1- 5/16	Calls: 1 @ 3.00					3.00
		14 @ 2.00					28.00
Of the Above Total \$..... is to be charged to the County							INSERT GRAND TOTAL

INSTRUCTIONS TO HOSPITALS

1. Prepare (4) copies Form 101
2. Retain 4th Copy (Green)
3. Transmit remainder to Michigan Crippled Children Commission with Form No. 100.

DISTRIBUTION

1. Yellow—M.C.C.C.
2. Pink—M.C.C.C.
3. Blue—M.C.C.C.
4. Green—Hospital

Policy
Michigan Hospital
and Medical Service
Certificates
Act 158
Act 283

Approved Extras
Full Rate Period

102. a. During the first twenty-one (21) days of benefits of a certificate year, the Commission accepts no responsibility for payment of any service which is provided by a certificate of the Michigan Hospital or Medical Service.
- b. **Exceptions:** The Commission will approve services which are not included in the certificates during the full rate period, as follows:
- (1) Basal metabolism examination..... \$2.50
 - (2) Electrocardiogram 3.50
 - (3) Tissue examination 2.50
 - (4) Animal inoculations 2.00
 - (5) X-rays (Limited to \$15.00 during 12 mo. period)..... Schedule
 - (6) Braces and appliances..... Schedule
 - (7) Telephone and telegrams..... Paragraph 99, Page 21
 - (8) Glasses—(invoice plus 10%)..... \$7.50 maximum
 - (9) Nursing care Local R.N. Rate
 - (10) Blood transfusion (donor) 100 cc..... \$5.00
 - (11) Physicians' and Surgeons' fees..... Schedule
 - (12) Oxygen therapy Tank cost
 - (13) Physiotherapy Schedule

Partial Rate
Period
Act 158
Act 283

103. a. Effective with the twenty-second (22nd) day, and inclusive of the one hundred eleventh (111th) day, the Commission will pay ONE HALF OF ITS ESTABLISHED RATE FOR HOSPITAL SERVICES effective as of the date of service.
- b. The following are approved extras during the (partial rate period) WHEN THEY ARE NOT INCLUDED in Michigan Hospital or Medical Certificates, payable as follows:

Approved Extras
Partial Rate Period

	Full Rate Schedule	Half Rate Schedule
a. Braces, appliances	x	
b. Telephone, telegrams	x	
c. Glasses	x	
d. Nursing care (special).....	x	
e. Blood transfusion (donors).....	x	
f. Physicians' and Surgeons' fees.....	x	
g. Daily care		x
h. X-rays (Included in maximum).....		x
i. Oxygen therapy		x
j. Physiotherapy		x

Extended Period
Act 158
Act 283

104. If approved services shall be extended during a certificate year to a subscriber patient in excess of the period of full and partial benefits, the Commission will accept during the extended period billing for such approved services as are provided in the manual and effective as of the date of such services.

Physicians' and
Surgeons' Services

105. a. Recognition cannot be given to physicians' and surgeons' fees for services rendered prior to the effective date of the Court Order.
- b. Billing for physicians' bedside visits will be given consideration based on the effective date of the Court Order covering the unused portion of the original 15 calls.
- c. Additional physicians' calls beyond the original 15 should be requested on Form MCCC 6-R indicating need and number of additional calls. (See page 12-a).

INDIVIDUAL INVOICE (Form MCCC-101)
(Hospital Services)

Approved procedure for billing hospital service at the approved flat per diem rate, effective as of date of service.

M.C.C.C. No. 101—7-10-42—25M Sets							
Serial No. M.C.C.C.	Surname	First Name	Second Name	Hospital Voucher No.			
	Smith	Hugh	James	25			
Act No.	County	Patient's Address		Month of Service			
283	Allegan	336 Penn Street, Allegan		May			
Hospital Name and Location		Father's Name		Audit Stamp Hospital Approved <u>Flat Per Diem Rates</u>			
Hospital Name & Address		Harry					
		Mother's Name					
		Ella					
Date Last Visit	Date Admitted	Date Discharged	Date Birth				
New	5/2/44	5/17/44	5/5/35				
Physician's Name		Diagnosis					
Dr. Shepard		Ruptured Appendix					
TYPE OF SERVICE	DATE OF SERVICE	DESCRIPTION	NO. DAYS CARE			DAY RATE	TOTAL CHARGES
			O.P.D.	Acute	Conv.		
HOSPITAL	5/2 - 5/12	Daily Care		10		6.25	62.50
	5/12- 5/17	Daily Care			5	3.25	16.25
							78.75
X-RAY							
APPLIANCES							
TREATMENTS							
MISCELLANEOUS							
PHYSICIAN	5/2/44	#1307 Dr. Shepard					50.00
	5/2/44	#419 Dr. DeFree					5.00
							133.75
Of the Above Total \$..... is to be charged to the County							
INSTRUCTIONS TO HOSPITALS				DISTRIBUTION			
1. Prepare (4) copies Form 101				1. Yellow—M.C.C.C.			
2. Retain 4th Copy (Green)				2. Pink—M.C.C.C.			
3. Transmit remainder to Michigan Crippled Children Commission with Form No. 100.				3. Blue—M.C.C.C.			
				4. Green—Hospital			

Deposits
Court Order
Effective
Date Admission

106. a. If a Court Order is effective from the date of admission, and acceptable and the hospital has complied with statutory regulations relative to admission reports, deposits made by parents or others at the time of admission or subsequent thereto shall be applied to the cost of services to be paid by the Commission at the approved schedule of rates.

Deposits
Entrance
Report
Delinquent

b. If a Court Order is effective from the date of admission, and the entrance report is delinquent under the statutory limitations, the regulation governing delinquency shall be enforced and the total deposit shall be applied at the same rate per diem which would have been approved were there no delinquency. Unused balances shall be applied against the period of service accepted by the Commission.

Deposits
Application
Delinquent

c. If an entrance report has been submitted within the statutory limitations, and a deposit made at the time of admission, or subsequent thereto, but the date of application is not within the statutory limitations, the following shall apply:

Case will be accepted in accordance with statutory limitations and deposits applied against the period of care which is not acceptable due to the delinquent application at the same rate per diem as would have been approved were there no delinquency. Unused balances shall be applied against the period of service accepted by the Commission.

Procedure

1. The admission notice must bear the actual date of entrance as a private case.
2. Submit an itemized statement of all charges, amounts and dates of deposits.
3. If patient entered hospital subject to hospital insurance, complete identification of contract must be provided.
4. Indicate the anticipated additional hospitalization required.

Act 158, Title III, Section 4. Act 283, Section 3.

Separate
Warrants
Act 158
Act 283

107. Compensation for physicians, surgeons, nurses, blood donors, and hospitals rendering service under these acts shall be paid by the Auditor General on separate warrants, drawn to their order and delivered to the hospital.

Act 158, Title X, Section 31. Act 283, Section 14.

Hospital
Invoice
Limitations
Act 158
Act 283

108. a. Payment shall be refused on any billings rendered sixty days or more after discharge of patient from the hospital.

Act 158, Title X, Section 30. Act 283, Section 14.

b. Submission of hospital invoice for services is not contingent on the receipt by the hospital of delayed Court Orders.

Act 158, Title III, Section 4. Act 283, Section 3.

c. The hospital may bill for the date of entrance but not for the date of release.

Act 158, Title X, Section 30. Act 283, Section 13.

Calendar
Month
Billings
Act 158
Act 283

109. All services rendered during a calendar month shall be billed on or before the 10th of the subsequent month.

NOTE: To avoid errors and deferred audits do not forward individual invoices without summary invoice attached. Act 158, Title III, Section 4. Act 283, Section 3.

INDIVIDUAL INVOICE (Form MCCC-101)
(Professional Services)

Approved procedure for billing hospital services, physician-surgeon fees, nursing and blood donor services.

M.C.C.C. No. 101—7-10-42—25M Sets					
Serial No. M.C.C.C.	Surname	First Name	Second Name	Hospital Voucher No.	
	Hall	Ruth	Janet	25	
Act No.	County	Patient's Address		Month of Service	
283	Kent	218 Bridge St., N.W., Grand Rapids		May	
Hospital Name and Location		Father's Name		Audit Stamp VENDOR LEAVE BLANK	
Hospital Name and Address		Joseph			
		Mother's Name			
		Mary			
Date Last Visit	Date Admitted	Date Discharged	Date Birth		
New	5/3/44	Remaining	10/3/34		
Physician's Name		Diagnosis		Hospital Approved Flat Per Diem Rate	
A.R. Johnson, M.D.		Rheumatic fever with chorea			

TYPE OF SERVICE	DATE OF SERVICE	DESCRIPTION	NO. DAYS CARE			DAY RATE	TOTAL CHARGES
			O.P.D.	Acute	Conv.		
HOSPITAL	5/3 - 5/13 5/13-6/1	Daily care Daily care		10		6.25 3.25	62.50 61.75
X-RAY							
APPLIANCES							
TREATMENTS							
MISCELLANEOUS	5/4/44	500 cc-blood (receipt attached) (John Doe, donor)					25.00
Professional Services	5/3-5/8 5/1-5/16	12 hour duty, 5 days @ 7.00 Lorraine Day (Special Permission) Calls: 1 @ 3.00 14 @ 2.00					35.00 31.00
Of the Above Total \$..... is to be charged to the County							215.25

INSTRUCTIONS TO HOSPITALS

1. Prepare (4) copies Form 101
2. Retain 4th Copy (Green)
3. Transmit remainder to Michigan Crippled Children Commission with Form No. 100.

DISTRIBUTION

1. Yellow—M.C.C.C.
2. Pink—M.C.C.C.
3. Blue—M.C.C.C.
4. Green—Hospital

Approved
Billing
Forms
Act 158
Act 283

Form
MCCC-101
*See pages 21-a, 22-a,
23-a, 24-a*

Form
MCCC-100
See page 25

Et al
Instructions
Form MCCC-100

110. The Commission will furnish to all approved hospitals the individual hospital invoice forms, and hospital summary invoices.

Individual service invoice Form MCCC-101, is used for billing all approved services, for each case. (See paragraph 86, page 15).

Monthly Hospital Summary Invoice (Form MCCC-100), is used as a summary of the individual cases billed for the preceding calendar month, summarizing the total service charges, and shall be attached to the individual invoices of patients included in the summary. Such summary shall be certified by the superintendent of the hospital.

SUMMARY OF (1) If more than one payee appears on the summary invoice, list the individual payees including the hospital, at the bottom of the invoice in accordance with the following provisions.

SPACING (2) Double space each item of SUMMARY ONLY. If space does not permit, use extra set of forms.

TOTALS (3) Carry summary amounts to "total amount" column.

ET AL (4) a. If summary of payees includes name of hospital and one or more doctors, insert "et al" after name of hospital in the space designated "name and address of vendor".
b. If summary of payees lists more than one doctor, et cetera, but not the hospital, insert the name of the first doctor above the name of hospital in space designated and follow same with "et al"

NON-ET AL c. If only the hospital is to receive a payment, place name of hospital in the space designated. (Et al will not be used).

d. If only one doctor or nurse is to be paid, insert his, or her, name only above name of hospital in the space designated. (Et al will not be used).

Act 158, Title X, Section 30. Act 283, Sections 3 and 13.

Correction
Memoranda and
Rebilling
Act 158
Act 283
See page 25-a

111. Hospitals will be advised of all corrections and deletions in billings by Correction Memorandum (Form MCCC-8), or on the return of the blue copy of Form MCCC-101.

NOTE: All correction memorandum and returned billing should be examined for rebilling instructions and thoroughly checked against hospital and court records to determine eligibility of rebilling.

Limitation
Rebilling

If acceptable for rebilling all rebillings must be submitted within 90 days of date of receipt of notification of original deletion.

Act 158, Title III, Section 4. Act 283, Section 3.

Nursing
Services
Act 158
Act 283

112. a. Nursing services shall be billed in the same manner as physicians' and surgeons' fees, giving the name of the nurse, hours of employment, and rate of pay.
b. To facilitate prompt payment of nursing services billing may be submitted covering 10 day periods by submitting special summaries accompanied by individual invoices.

NOTE: Incorporate no other services than the above on special summaries of nursing services. Act 158, Title III, Section 4. Act 283, Section 3.

INDIVIDUAL INVOICE (Form MCCC-101)
(Out-Patient Services)

Approved procedure for billing Out-Patient (clinic)
services, x-rays and physician's fees.

M.C.C.C. No. 101—11-16-42—25M Sets					
Serial No. M.C.C.C.	Surname	First Name	Second Name	Hospital Voucher No.	
	Hendricks	George	Phillip	25	
Act No. 158	County Kent	Patient's Address 108 Cherry St., S.W., Grand Rapids		Month of Service May	
Hospital Name and Location Hospital Name and Address		Father's Name Herman		Audit Stamp VENDOR LEAVE BLANK	
		Mother's Name Stella			
Date Last Visit	Date Admitted 5/14/44	Date Discharged 5/14/44	Date Birth 7/10/38		
Physician's Name Dr. Hodgen		Diagnosis Fracture of wrist			

TYPE OF SERVICE	DATE OF SERVICE	DESCRIPTION	NO. DAYS CARE			DAY RATE	TOTAL CHARGES
			O.P.D.	Acute	Conv.		
HOSPITAL	5/14/44	Out-patient service (MCCC-57)	1			1.00	1.00
X-RAY	5/14/44	#200 (#102 and #103)					2.75
							3.75
APPLIANCES		(Procedure for Billing Braces and Appliances, See Page II of the Appliance Schedule)					
TREATMENTS							
MISCELLANEOUS							
PHYSICIAN	5/14/44	Check-up examination - Dr. Hodgen					1.50
							5.25
Of the Above Total \$ is to be charged to the County							

INSTRUCTIONS TO HOSPITALS 1. Prepare (4) copies Form 101 2. Retain 4th Copy (Green) 3. Transmit remainder to Michigan Crippled Children Commission with Form No. 100	DISTRIBUTION 1. Yellow—M.C.C.C. 2. Pink—M.C.C.C. 3. Blue—M.C.C.C. 4. Green—Hospital
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HOSPITAL SUMMARY INVOICE (Form MCCC-100)

Attach to individual invoice vouchers for preceding calendar month.

Important: To observe the arrangement, serial number and spacing of final summary of hospital and physicians' services, refer to paragraph 110, page 24 for use of term "Et Al".

MCCC-Form No. 100-10M Sets-9-2-42

State of Michigan AUDITOR GENERAL'S DEPT. Accounting Division		Hospital Summary Invoice		HOSPITAL LEAVE BLANK		
INSTRUCTIONS TO HOSPITAL 1. Prepare six copies of this standard form. 2. Hospital superintendent must sign certification. 3. Retain sixth copy (green) and transmit remainder to the Michigan Crippled Children's Commission with the individual invoices.		Hospital Name and Address This space for name and address of hospital HOSPITAL CERTIFICATION I hereby certify that the items listed below are proper charges against the State of Michigan. (Pen and ink signature required) Superintendent or Authorized Representative must sign in ink		Voucher No. _____ Warrant No. _____ Warrant Date _____ Purch. Order No. N. P. O. _____ Account No. _____ Hospital Inv. No. 25 Invoice Date June 5, 1944 Services rendered: May 19 44 Object Code _____ Amount _____ Total _____		
HOSPITAL LEAVE BLANK It is hereby certified that the services represented on this voucher were authorized, that the amount is correct and is hereby approved for payment. Head of Unit or Authorized Agent _____		Compt'd _____ Audited _____	Coded _____ Checked _____	Total _____		
Name of County	Name of Doctor	Name of Patient	DISTRIBUTION		Total Amount	LEAVE BLANK
			Hospital	Physician		
Allegan	Dr. Shepard Dr. DeFree	Smith, Hugh James	78.75	50.00	133.75	
		Smith, Hugh James		5.00		
Ionia	Dr. Shepard Dr. Johnson Dr. Shepard Dr. DeFree	Irish, Bertha	12.50	7.00	19.50	
		Lewis, James	62.50	23.00	85.50	
		MacDonald, Mary	171.50	50.00		
		MacDonald, Mary		5.00	226.50	
			246.50	85.00	331.50	
Kent	Dr. Johnson L. Day, R.N. Dr. Hodgen	Hall, Ruth Janet	149.25	31.00		
		Hall, Ruth Janet		35.00	215.25	
		Hendricks, George	3.75	1.50	5.25	
			153.00	87.50	220.50	
		Name of Hospital			478.25	
		Dr. Shepard			107.00	
		Dr. DeFree			10.00	
		Dr. Johnson			54.00	
		Loraine Day, R. N.			35.00	
		Dr. Hodgen			1.50	
TOTALS			478.25	207.50	685.75	Audit Clerk

INDIVIDUAL INVOICE (Form MCCC-101)
(Correction Memorandum)

Hospitals will be advised of all corrections made in billings by return of blue copy stamped "Correction Memorandum".

Important: Review carefully upon receipt.

M.C.C.C. No. 101-7-10-42-25M Sets							
Serial No. M.C.C.C.	Surname First Name Second Name			Hospital Voucher No.			
	Johnson Harold Jr.			14			
Act No.	County	Patient's Address			Month of Service		
283	Kent	2824 Willow St., Grand Rapids, Mich.			May		
Hospital Name and Location		Father's Name			Audit Stamp VENDOR LEAVE BLANK		
		George					
Hospital Name & Address		Mother's Name					
		Mary					
Date Last Visit	Date Admitted	Date Discharged	Date Birth				
12/6/42	5/5/44	5/25/44	10/8/42				
Physician's Name		Diagnosis					
Dr. M. McDougall		Pneumonia					

TYPE OF SERVICE	DATE OF SERVICE	DESCRIPTION	NO. DAYS CARE			DAY RATE	TOTAL CHARGES
			O.P.D.	Acute	Conv.		
HOSPITAL	5/5 - 5/15	Daily Care		10		8.25	62.50
	5/15 - 5/25			10	3.25	125.00	
							95.00
X-RAY		<i>Extension was granted at the convalescent rate!</i> CORRECTIONS MEMORANDUM					
APPLIANCES							
TREATMENTS							
MISCELLANEOUS							
PHYSICIAN	5/5 - 5/25	<i>No permission requested to bill beyond the initial 15 calls!</i> Calls: 1 @ 3.00 14 @ 2.00				31.00	43.00 168.00 126.00
Of the Above Total \$ is to be charged to the County							

INSTRUCTIONS TO HOSPITALS

1. Prepare (4) copies Form 101
2. Retain 4th Copy (Green)
3. Transmit remainder to Michigan Crippled Children Commission with Form No. 100.

DISTRIBUTION

1. Yellow—M.C.C.C.
2. Pink—M.C.C.C.
3. Blue—M.C.C.C.
4. Green—Hospital

SECTION IV—CONVEYORS AND INVESTIGATORS PREPARATION EXPENSE VOUCHER GENERAL INSTRUCTIONS

Introduction

200. It is necessary that the Commission verify all fees and expense vouchers submitted covering the economic investigation, medical examination of afflicted and crippled children and the conveyance of crippled children.

The same care should be exercised in incurring expense against the State that a prudent person would exercise if traveling on personal business.

With a desire to pass expense vouchers for payment at the earliest possible moment, the Commission hereby submits a comprehensive summary of the necessary procedure to be followed by conveyors and investigators.

Act 158, Title III, Sec. 4. Act 158, Title X, Secs. 29 and 31. Act 283, Sec. 12.

Preparation Expense Voucher

201. a. All vouchers for investigation, both medical and economic, and conveyor's expense of transporting crippled children to and from hospitals, shall be submitted on Child Welfare Expense Vouchers (Form A-75R.) (See page 26-a).

Conveyance Receipt

- b. Conveyors shall fill out and attach Child Conveyance Receipt (Form MCCC-C-76), in duplicate, to Form A-75-R. (See page 27-a).

Purpose and Approval

- c. Correct spelling of name and address of each patient shall be shown.

- d. Each voucher must state purpose of the expense and be approved by the Judge of Probate, or some person designated by the Commission.

Signatures

- e. The white copy of the voucher must be signed in ink by both the person rendering service and the authorizing official.

Periods Covered

- f. Vouchers must be submitted at least once a month, and contain charges for no longer a period than a calendar month.

Limitations

- g. In no instance will vouchers be given consideration submitted in excess of sixty (60) days after the expense was incurred.

- h. SUBMIT ALL FIVE (5) COPIES OF YOUR EXPENSE VOUCHER FOR AUDIT.

- i. It is preferred that all vouchers be typewritten, although those prepared in ink are acceptable.

- j. Upon the audit of your expense voucher, if any change or corrections are necessary the green copy will be returned with a correction memorandum attached, indicating the changes.

Mailing Instructions

202. a. All vouchers submitted by county agents shall be sent to the Michigan Social Welfare Commission, 230 North Grand Avenue, Lansing 4, Michigan.

- b. Vouchers of all others shall be mailed directly to the Crippled Children Commission, 458 Hollister Building, Lansing 4, Michigan.

Act 158, Title III, Sec. 4. Act 283, Sec. 3.

Conveyance Act 158

203. The Commission accepts no responsibility for the payment of conveyance for other than crippled children with active Court Orders.

Act 283, Sec. 16.

CHILD WELFARE EXPENSE VOUCHER (Form A-75-R)
(Conveyance)

Important: Note individual itemization of expenses, explanation in detail of mileage and proration of total expense.

DETAIL OF CHILD WELFARE EXPENSE VOUCHER												
Date	NAME AND ADDRESS City, Town, or Township	Description of Work Done	Age	Compensation		Private Automobile		Meals	Hotel Room (Attach Receipts)	Other Expenses (Attach Receipts and Describe in Detail in Description Column)	Total	County Portion of Charges
				Hours	Amount	Miles	Amount					
June 15 & 16	John Jackson, Crippled 123 Washington Avenue Harrison, Michigan	To and from University Hospital	15					1.70				
	June Miller, Crippled R.R. No. 2, Harrison, Mich.	To University Hospital Mother acted as attendant	4 Mo.					.25 2.60	2.00			
	Frank White, Afflicted R.R. No. 1, Harrison, Mich.	To University Hospital	14					.45				
	Henry Jones - Afflicted 123 Main Street Adult Harrison, Michigan	From University Hospital	60					.65				
	From my home 2 miles in Harrison to pick up John Jackson, June Miller and Mother, north M-27 3 miles; east 2 miles and return.	Conveyor		14	12.25			2.60	2.00			
	Frank White - west on M-61, 4 miles and return to Harrison Harrison to Clare Clare to Ann Arbor Vicinity mileage in Ann Arbor Returned trip Clare to Harrison Returned Henry Jones, Mrs. Miller and John Jackson to their home and returned to my home					2 10 8 15 14 4 156 14						
15	MEALS	Jackson Miller	Conveyor									
16	Lunch .40 Dinner .55 Breakfast .30 Lunch .45	White Jones	Mrs. Miller					.65 .80 .50 .65				
	PRORATION: Down 2 crippled children and 1 mother, Mrs. Miller Back 1 crippled child and 1 mother, Mrs. Miller Down 1 afflicted child Back 1 afflicted adult 5/7 of \$45.50 = \$32.50 - State's share 2/7 of \$45.50 = \$13.00 - County share			3 1/2 2 1/2 1 1/2 7 Total Services	5/7 2/7	State County						
		TOTALS		14	12.25	350	21.00	8.25	4.00		45.50	13.00

204. Travel shall be made via rail, automobile or bus, depending upon which is the cheapest method after consideration of the time consumed in traveling.
Act 158, Title III, Sec. 4.

Entrance Days

205. Other than emergency cases requiring immediate hospitalization, conveyance should be arranged so that the entrance can be effected not later than Thursday of each week, thereby avoiding charges for days of unnecessary hospital care over week-ends, when hospital staffs are operating at a minimum.

Single Conveyance

206. The necessity for periodical trips with only one child shall be explained. Unless an emergency is clearly shown, the Commission reserves the right to delete charges for trips considered excessive. A full load shall be conveyed whenever possible.

Emergency Purchases

207. Emergency purchases for needs of children while enroute may be purchased but must be reported on the expense vouchers and supported by a receipt from the vendor.
Act 158, Title III, Sec. 4.

Rail-Bus Conveyance

208. Refer to paragraph 54, page 11.

Most Direct Route

209. All travel by privately owned automobiles must be by the most direct and usually traveled route.

Conveyance Receipt
See pages 26-a and 27-a

210. The Form MCCC-C-76 must accompany Form A-75R to show delivery to hospitals of all individuals conveyed thereto. The names of both afflicted and crippled children, and adults if any, shall be shown.

This form must be signed by the conveyor, the attendant, if any, the Judge of Probate or other authorizing official, by a representative of the hospital, whose signature must be known to the Commission.
Act 158, Title III, Sec. 4. Standardized Travel Regulations approved by the State Administrative Board.

Hour Mileage Rate

211. Personal Service 87½c per hour
Maximum (per day) \$7.00
Act 220, P. A. 1943.

Mileage Refer to Serial Letter No. 96
(*Standard Travel Regulations, State Administrative Board*) *Act 158, Title III Section 4.*
Allowance for more than 8 hours in any one day shall be at the discretion of the Commission.

Attendant's Fee

212. Personal Service 37½c per hour
Maximum (per day) \$3.00

a. Attendants, other than members of the patient's family, will be paid at approved rates for personal services.

b. Whenever possible parents shall act as attendants of their children in which instance no allowance is made for personal service. Meals and hotel expense may be paid at approved rates.

**White } Attach to Form A-75-R
Blue }**

CRIPPLED CHILDREN TO HOSPITAL			CRIPPLED CHILDREN FROM HOSPITAL		
Date	Name	Age	Date	Name	Age
5/15	John Jackson	15 yrs.		John Jackson	15 yrs
5/15	Jane Miller and Mother	4 Mo.	5/16	Mrs. Miller (Mother of June)	
	COUNTY CASES TO HOSPITAL			COUNTY CASES FROM HOSPITAL	
5/15	Frank White	14 yrs.	5/16	Henry Jones	60 yrs

It is hereby certified that the children named were conveyed to and received at the hospital or institution shown below:

Mrs. Ruth Snow

Signature of Conveyor

Mrs. John Miller

Signature of Attendant

University Hospital
Name of Hospital or Institution

Superintendent of Hospital or Institution

Ann Arbor

Location of Hospital or Institution

NOTE:—A separate receipt must be obtained from each hospital, institution or other delivery point, and for each trip.

- c. The conveyor may pay the attendant direct for personal service, meals and hotel expense, and bill the incurred cost of these items as his personal expense by certifying same on Form A-75R.
Act 288 of the P. A. of 1939.

**Meals
Conveyors
Attendants
Patients**

213. Breakfast will be allowed if absence from the home commences prior to 7 a. m. and extends beyond 10 a. m.

Lunch or noon meal will be allowed when absence commences prior to 11 a. m. and extends beyond 2 p. m.

Dinner or supper will be allowed when absence commences prior to 4 p. m. and extends beyond 7 p. m.

Meals for each child, conveyor and attendant shall be shown opposite his name on expense voucher. Time and place of securing meals shall be indicated.

Adults—Breakfast	\$.50
Lunch .....	.75
Dinner	1.00
Children—Breakfast .....	.40
Lunch .....	.50
Dinner .....	.75

Meals may be divided as best suited.

Hotel

214. Hotel accommodations, (Maximum) \$3.00

Mileage

215. All point to point mileage shall be shown sufficiently in detail that it may be readily checked by comparison with State and County Highway maps for travel between points shown thereon.

NOTE: In detailing the trip, points should be so named that they can be identified either on the State or County Maps supplied by State and County Highway Commissions. Highway numbers shall be shown whenever possible. For proper method of billing vicinity mileage refer to page 26-a. Act 158, Title III, Sec. 4. Standardized Travel Regulations approved by the State Administrative Board.

Prorating Expenses

216. If the voucher covers conveying of both State and County patients, the name and address of each patient shall be shown even though all are not State charges.

The method of prorating shall be on a total expense basis including all costs of conveyance with the exception of the attendant's fee which will be charged to the State or the County as the case may be.

NOTE: The parent acting as an attendant is included as an individual in the prorating of expense. Act 158, Title III, Sec. 4. Act 283, Sec. 3.

**Supporting
Documents**

217. Receipts must be attached for the following:

Hotel bills
 State ferry
 Bus fare
 Railroad and Pullman charges
 Miscellaneous expenses
 Emergency purchases

Standardized Travel Regulations approved by the State Administrative Board.

**Hospital Discharge
Limitations**

218. Refer to Paragraph 15, page 4, Paragraph 54, page 11.

CHILD WELFARE EXPENSE VOUCHER (Form A-75-R)
(Economic Investigation)

Important: Correct name and address of child, date of investigation. Total each entry.

DETAIL OF CHILD WELFARE EXPENSE VOUCHER												
Date	NAME AND ADDRESS City, Town, or Township	Description of Work Done	Age	Compensation		Private Automobile		Meals	Hotel or Room (Attach Receipts)	Other Expenses (Attach Receipts and Describe in Description Column)	Total	County Folio Number of Charges
				Hours	Amount	Miles	Amount					
July 15	John Smith 102 S. Main Street Gladstone, Michigan	Investigation of crippled child	5	2	1.75	2	.12				1.87	
18	Mamie Fields R. R. #1 Gladstone, Michigan	Investigation of afflicted child (3 miles from city limits and return same way)	4	3	2.63	6	.36				2.99	
20	Loraine Green R. R. #2 Gladstone, Michigan	Investigation of afflicted child (south 4 miles, west 3 miles on #41, return same way)	6	2	1.75	14	.84				2.59	
20	Frank Jones R. R. #1 Gladstone, Michigan	Investigation of crippled child (north on #54 10 miles, east on #515 3 miles, south 1/2 mile, return the same way)	10	4	3.50	27	1.62				5.12	
				11	9.63	49	2.94				12.57	
				TOTALS								

Telegrams
Telephone
Calls

219. Conveyors may bill the Commission for:

1. Telegrams—when copies are submitted with the voucher.
2. Telephone calls when necessity is explained on the voucher.

Telegrams and telephone calls shall be limited to Judges of Probate, hospitals, parents, husbands or guardians, or the Commission, and permitted for the following reasons:

- a. Collect telegrams from hospitals.
- b. Notification to parents of return of child to hospital.
- c. All emergencies.

Act 158, Title III, Sec. 4.

Investigators
Act 158
Act 283

220. In all instances whether accepted or rejected the original economic investigation, Form MCCC-27, signed by the investigator and the Judge of Probate must be on file in the office of the Commission before expense vouchers, Form A-75R, can be given consideration for services of conducting the investigation.

Billing
Attendant's Fees

221. Refer to paragraph 212. Billing procedure and proration see page 26-a.

Date must
Agree

222. Dates of investigation as shown on the expense voucher must agree with the date of investigation as shown on Form MCCC-27.

Rates

223. Persons or representatives making economic investigations are paid on an hourly basis for personal services plus necessary mileage. Refer paragraph 211.

Act 220, P. A. of 1943.

Office
Allowance

224. A maximum allowance of $\frac{1}{2}$ day per month for office time for preparation of expense vouchers, correspondence with and reports requested by the Commission, will be given consideration.

NOTE: Any additional charges for office time must be fully explained on the expense voucher and will be allowed at the discretion of the Commission.

SECTION V—PHYSICIANS' AND SURGEONS' FEES

Act 158, Title III, Sec. 4, Title VI, Sec. 19, Title X, Secs. 29, 30. Act 283, Secs. 3, 13, 14.

- | | |
|---|---|
| <p>County Schedules
Act 283</p> | <p>300. The fee schedule in operation for medical and surgical care of adults in any particular county shall be the fee schedule for afflicted children under Act 283, in that county when such fees do not exceed the fee schedule of the Commission.</p> |
| <p>Limitations
Act 158
Act 283</p> | <p>301. The above stipulations and the following schedules of fees are not applicable to services of medical or surgical assistants, resident physicians or interns.</p> |
| <p>Bedside & O.P.D.
Non-Operative
Treatment and
Extension
Act 283</p> | <p>302. First Examination (bedside) \$3.00
 Subsequent services (bedside, per day) \$2.00
 Maximum visits (bedside), (not to exceed one per day) 15
 Treatment in out-patient department (per day) 1.50</p> |
| <p>Act 158</p> | <p>First complete O.P.D. examination 5.00
 Subsequent clinic examination 2.00
 First examination (bedside) 3.00
 Subsequent services (bedside), per day 2.00
 Maximum visits (not to exceed one per day) 15</p> |
| <p>Anaesthetists'
Services
Act 158
Act 283</p> | <p>303. When anaesthetics are administered by other than salaried employees of the hospital, billing shall be in the name of the physician performing the service.</p> |
| <p>Extensions for
Bedside Visits
Act 158
Act 283</p> | <p>304. Extension for bedside visits beyond the maximum (15 calls) must be requested on Hospital Service Request (Form MCCC 6-R), indicating necessity of further calls, signed by the physician.</p> |
| <p>Special
Examinations</p> | <p>Fees for special examinations, unusual conditions or maladies not listed shall be determined by the Director upon negotiation. (See page 12-a).</p> |
| <p>Multiple
Services
Act 158
Act 283</p> | <p>305. a. Fractures: In cases of multiple services, the fee for the major or most complicated fracture shall prevail; for each additional fracture twenty per cent (20%) of the scheduled fee shall prevail.</p> <p>b. Operations: In case of multiple operations or within 15 days of the original operation the fee for the major or most complicated condition shall prevail; for each additional operation twenty per cent (20%) of the scheduled fee shall prevail. (See page 30-a).</p> <p>c. Fee for bedside services not allowed to surgeon for thirty (30) days subsequent to surgery.</p> <p>d. When the services of a surgeon who is not the attending physician are required, the attending physician will be allowed fees for bedside care in accordance with the schedule of fees prior to operative date, and the surgeon will be allowed the surgical fee, to include after care for a thirty (30) day period.</p> |

INDIVIDUAL INVOICE (Form 101)
(Physician-Surgeon Multiple Services)

Approved procedure for billing multiple services of physician and/or surgeon.

Note identification of service by code number.

Serial No. M.C.C.C.		Surname		First Name		Second Name		M.C.C.C. No. 101-11-16-42-25M Set	
		Brown		Lawrence		B.		Hospital Voucher No. 18	
Act No.		County		Patient's Address		Month of Service			
283		Ingham		716 Homer Street		May			
Hospital Name and Location				Father's Name		Audit Stamp VENDOR LEAVE BLANK			
Hospital Name & Address				Lawrence Brown					
				Mother's Name					
				Martha Brown					
Date Last Visit		Date Admitted		Date Discharged		Date Birth			
		5/27/44		Remaining		7/20/35			
Physician's Name				Diagnosis					
Joseph Soles, M. D.				Fracture rt. femur, fibula & tibia					

TYPE OF SERVICE	DATE OF SERVICE	DESCRIPTION	NO. DAYS CARE			DAY RATE	TOTAL CHARGES
			O.P.D.	Acute	Conv.		
HOSPITAL	5/27-6/1/44	Daily Care		5		6.25	31.25
X-RAY							
APPLIANCES							
TREATMENTS							
MISCELLANEOUS							
PHYSICIAN	5/27/44	Code 1008 " 1008 (20% of \$10.00) " 1041 (20% of \$25.00) " 419 Dr. R. I. Post					45.00 2.00 5.00 5.00 88.25
Of the Above Total \$..... is to be charged to the County							

INSTRUCTIONS TO HOSPITALS 1. Prepare (4) copies Form 101 2. Retain 4th Copy (Green) 3. Transmit remainder to Michigan Crippled Children Commission with Form No. 100	DISTRIBUTION 1. Yellow—M.C.C.C. 2. Pink—M.C.C.C. 3. Blue—M.C.C.C. 4. Green—Hospital
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Blood
Transfusions
Act 158
Act 283

306. The direct blood transfusion fee includes all medical services on the day of the transfusion. In operative cases the cost of the first three (3) transfusions shall be included in the regular fees for operative treatment.

Consultation
Act 158
Act 283

307. The Commission will accept billing for services of only one physician on each case except when consultation service is required and approved by the Director or his representative.

Physicians'
Billings
Act 158
Act 283

308. It is the responsibility of the physician to see that the hospital bills the Commission properly for his services. It is desirable that bills be submitted by the physician to the hospital before the end of the calendar month.

Billings delayed over sixty (60) days after the discharge of the patient from the hospital will not be accepted for payment.

Private Fees
Act 158
Act 283

309. In cases, where the surgical or medical fee of the Commission is not accepted, physicians must make previous arrangements in writing with the patient, and a notification of the fact that such arrangements have been made sent to the Commission so that both patient and the Commission are informed that the Commission medical fees are not to be accepted.

Examination for
Determination
of Medical need
Act 158
Act 283
See page 8-a.
See page 31-a

310. Medical examination made and reported on Form MCCC-121..\$1.50
Physicians should bill the Commission for medical examinations made for Probate Court within sixty (60) days following examination on expense voucher Form A-75R which must be signed by the Judge of Probate.

NOTE: This fee will not be allowed when the patient is treated in the hospital by the same physician who examines the child for the Probate Court.

Limitation of
Maximum Fees
Act 158
Act 283

311. a. Two hundred dollars (\$200.00) shall be the maximum paid for medical and surgical fee to any one doctor for any one patient in a twelve (12) month period.
b. Professional fees shall not exceed seventy-five dollars (\$75.00) for major surgery.
c. Fees for operative procedures and setting of fractures shall include all fees for bedside care for a thirty (30) day period following such service.

NOTE: For proper procedure billing physicians', surgeons', nurses' and blood donor fees, see pages 21-a, 22-a, 23-a and 24-a.

CHILD WELFARE EXPENSE VOUCHER (Form A-75-R)
(Medical Examination)

Important: Correct name and address of child, and date of examination.

DETAIL OF CHILD WELFARE EXPENSE VOUCHER												
Date	NAME AND ADDRESS City, Town, or Township	Description of Work Done	Age	Compensation		Private Automobile		Meals	Hotel or Room Expenses (Receipts)	Other Expenses (Attach Receipts and Description Column)	Total	County or Jurisdiction of Change
				Hours	Amount	Miles	Amount					
July 15	John Smith 102 S. Main Street Gladstone, Michigan	Medical investigation for Probate Court. Crippled child.	5								1.50	
20	Henry Brown R. R. #1 Gladstone, Michigan	Medical investigation for Probate Court. Crippled child.	8								1.50	
22	Mary VanDyke 67 Walnut Street Gladstone, Michigan	Medical investigation for Probate Court. Afflicted child.	10								1.50	
TOTALS											4.50	

Effective October 1, 1943

Use Code Number of Service

1280	ABSCCESS, <i>Superficial</i>	53.00
1278	<i>Oral</i>	7.50
1483	<i>Tonsillar</i>	10.00
1274	<i>Deep</i>	10.00
1276	<i>Ischeorectal</i>	10.00
1477	<i>Pharyngeal</i>	12.50
1279	<i>Prostatic</i>	25.00
1281	<i>Subphrenic</i>	75.00
1271	<i>Brain</i>	75.00
1277	<i>Liver</i>	60.00
1378	Abdominal tumor	50.00
1478	Accessory nasal sinuses, irrigation of	3.00
1302	ADENECTOMY, cervical, inguinal, etc. (<i>minor</i>)	10.00
1303	(<i>radical</i>)	35.00
402	Adenoidectomy	5.00
419	Anaesthetic	5.00
1301	Anal Fissure	20.00
1304	ANASTOMOSIS, <i>Intestinal</i>	75.00
1305	<i>Uretero-intestinal</i>	75.00
1306	ANKLE, <i>Excision of joint</i>	35.00
1227	<i>Dislocation</i>	25.00
1469	ANTRUM, <i>Intranasal, drainage of</i>	15.00
1470	<i>Radical, operation of</i>	45.00
1307	Appendectomy	50.00
1284	Aspiration of chest	5.00
1308	Biopsy, only	5.00
1271	BRAIN, <i>Abscess</i>	75.00
1379	<i>Tumor</i>	75.00
1309	BREAST, <i>Resection of (simple)</i>	35.00
1310	<i>Resection of (radical)</i>	75.00
1489	BRONCHOSCOPY, <i>Diagnostic</i>	25.00
1451	<i>Foreign Body</i>	50.00
1491	<i>Therapeutic (bronchiectasis)</i>	5.00
1285	BUNIONECTOMY (<i>single</i>)	35.00
1286	(<i>double</i>)	50.00
0413	Caesarean section	75.00
1272	CARBUNCLE, <i>Incision</i>	5.00
419	<i>Multiple incisions with (general anaesthetic)</i>	10.00

CODE
NUMBER

1311	Cariospasm, dilatation for	12.50
1001	CARPAL BONE, Fracture (one simple)	7.50
1002	(each additional)	2.50
1101	(one, compound)	10.00
1102	(each additional)	5.00
	Fresh dislocations	
1201	(one, reduction and cast)	15.00
1202	(each additional)	2.50
1203	(open reduction, one or more)	15.00
1415	CATARACT, Needling	25.00
1416	Operation	50.00
1273	Cellulitis, incision and drainage	12.50
1395	Cervical rib, removal of	60.00
1417	Chalazion	5.00
1313	Cholecystectomy	60.00
1314	Cholecystotomy	50.00
1315	Choledochotomy	50.00
403	CIRCUMCISION	7.50
1316	Newborn	5.00
1362	Cisterna puncture, inclusive local anaesthetic and obtaining fluid	25.00
1003	CLAVICLE, Fracture (simple)	15.00
1103	(compound)	25.00
1204	Fresh dislocation (either end)	10.00
1205	(open reduction arthrodesis)	30.00
1004	COCCYX (simple)	10.00
1104	(compound)	20.00
1317	Colostomy	50.00
1318	Colporrhaphy	35.00
411	CONSULTATION	3.00
411	Orthopedic	5.00
1418	CORNEAL ULCER, Cauterization of	5.00
1435	Extensive peripheral, cauterization of	10.00
1294	Cryptorchidectomy	35.00
1382	CYST, Superficial, removal of	5.00
1381	Deep, removal of	12.50
1397	Pilonidal, excision of	10.00
1290	Thyroglossal	50.00
1319	Cystotomy, Suprapubic	35.00
0418	Cystoscopy	7.50
1390	Dilatation and curettage, uteri	25.00
1419	Ectropion	25.00
1206	Elbow, fresh dislocation	20.00
1288	EMPHYEMA, Incision and drainage	25.00
1287	Including rib resection	50.00



CODE
NUMBER

486	Encephalogram	15.00
1317	Enterostomy	50.00
1420	Entropion	25.00
1421	Enucleation of eye	50.00
1320	Epididymectomy	20.00
1321	Esophagoscopy	20.00
1322	Esophagus, dilatation by means of bougies or sounds	12.50
1479	Ethmoid sinus, radical	35.00
1324	Fecal fistula, abdominal	50.00
1323	Femoral artery, ligation of	35.00
1005	FEMUR, Fracture, Simple reduction and application of cast	35.00
1006	Skeletal traction and fixation	45.00
1105	Reduction, debridement, suture and cast or traction (compound)	60.00
1007	Open reduction	50.00
1048	Removal of plate	25.00
1049	Removal of Smith-Peterson nail	25.00
1008	FIBULA, Fracture, Simple reduction and cast (simple)	10.00
1107	(compound)	15.00
1009	Open reduction	35.00
1253	FINGERS, Amputation (one)	12.50
1254	(each additional)	5.00
1207	Dislocations (one)	5.00
1208	(each additional)	2.50
1010	Fracture (one, simple)	7.50
1011	(each additional)	2.50
1109	(one compound)	12.50
1110	(each additional)	5.00
1141	Open reduction (one)	25.00
1327	FISTULA-IN-ANO	25.00
1325	Rectovaginal	45.00
1326	Vesicovaginal	45.00
1324	Fecal (abdominal)	50.00
1255	Foot, amputation	35.00
1252	Forearm, amputation	35.00
1422	FOREIGN BODY, Removal from conjunctiva (dissection)	7.50
1423	(magnet)	5.00
1424	Removal from cornea (dissection)	12.50
1426	(magnet)	10.00
1425	(superficial)	5.00
1451	Removal from ear	3.00
1480	FRONTAL SINUS, Intranasal, drainage of	25.00
1481	Radical	50.00
1329	FULGURATION OF TUMOR, Superficial	5.00
1328	Bladder, trachea or esophagus (minor)	15.00
1330	Gastrectomy (partial)	60.00
1331	Gastroenterostomy	60.00
1427	Grattage of lids for trachoma	3.00
1256	Hand, amputation	35.00
1332	Hemorrhoidectomy	20.00
1333	Herniotomy	50.00
1209	Hip, dislocation	30.00

CODE
NUMBER

1428	Hordeolum	3.00
1012	HUMERUS, <i>Reduction and application of cast</i>	25.00
1111	<i>Reduction, debridement suture and cast</i> <i>or traction, open</i>	50.00
1013	<i>Traction suspension or skeletal fixation</i>	35.00
1014	<i>Open reduction</i>	50.00
1143	<i>Removal of plate</i>	15.00
1336	HYDROCELE, <i>Aspiration of</i>	3.00
1337	<i>Operation</i>	20.00
406	HYPOSPADIAS	
	<i>Each stage</i>	35.00
	<i>Maximum</i>	70.00
1338	Hysterectomy, abdominal or vaginal (<i>inclusive removal of</i> <i>adnexa if indicated</i>)	60.00
1339	Ingrown toenail, excision of	5.00
1349	Intestinal obstruction	50.00
1471	Intubation	15.00
1398	Intussusception	50.00
1429	Iridectomy	35.00
1276	Ischiorectal abscess, incision and drainage	10.00
1210	Knee, dislocation	25.00
1430	Lacrymal duct, dilatation of	5.00
1431	Lacrymal sac, excision of	25.00
1340	Laminectomy	60.00
1341	Laparotomy, exploratory	50.00
1472	Laryngectomy	50.00
422	Laryngoscopy	5.00
1473	LARYNX, <i>Cauterization of</i>	5.00
1474	<i>Tumor, removal of</i>	50.00
1458	Lateral sinus, drainage of	50.00
1257	Leg, amputation	50.00
1342	Litholapaxy	35.00
1277	Liver abscess	60.00
1363	Lumbar puncture, <i>inclusive local anaesthetic</i> <i>and obtaining fluid</i>	5.00
1015	MALAR BONE, <i>Fracture (simple)</i>	12.50
1113	<i>(compound)</i>	20.00
1452	MASTOID, <i>Acute, single</i>	50.00
1454	<i>Acute, double</i>	75.00
1211	MAXILLA, <i>Inferior, Dislocation</i>	7 50
1016	<i>Fracture, (wiring if necessary)</i>	35.00
1017	<i>Superior, Fracture, (wiring if necessary)</i>	35.00
1343	Meckel's Diverticulum, excision of	50.00
1212	METACARPAL BONE, <i>Dislocation (one)</i>	7.50
1213	<i>(each additional)</i>	2.50
1018	<i>Fracture, (one, simple)</i>	7.50
1019	<i>(each additional)</i>	2.50
1115	<i>(one, compound)</i>	12.50
1116	<i>(each additional)</i>	5.00

CODE
NUMBER

1214	METATARSAL BONE, Dislocation (one)	7.50
1215	(each additional)	2.50
1020	Fracture, (one, simple)	7.50
1021	(each additional)	2.50
1117	(one, compound)	10.00
1118	(each additional)	5.00
1216	NASAL BONES, Dislocation	5.00
1022	Fracture, (simple)	10.00
1119	(compound)	15.00
1475	Nasal polypus, removal of	10.00
1476	Nasal septum, submucous resection of	25.00
1344	Nephrectomy	75.00
1399	Nephrotomy	50.00
1345	Nephropexy	50.00
1346	Nerve, suture of	50.00
1348	Neuroma, resection of	35.00
414	OBSTETRICAL	
	Normal, including delivery and all hospital care, both ante partum and post partum	25.00
413	Caesarean section	75.00
1396	Oophorectomy	50.00
1278	Oral abscess (not to include dental or peridental)	7.50
405	Orchidopexy	35.00
1350	Orchidectomy	25.00
1291	Os calcis	25.00
1455	Ossiculectomy	35.00
1351	Osteomyelitis (chronic excluded under Afflicted Act)	35.00
1352	Papilloma of bladder	35.00
1456	PARACENTESIS, Ear	5.00
1358	Abdomen or thorax	7.50
1359	Pericardium	10.00
1436	Eye	5.00
1217	PATELLA, Dislocation	10.00
1023	Fracture, Reduction with simple dressing (simple)	15.00
1024	Open reduction suture (simple)	30.00
1120	Simple suture and plaster dressing, (compound)	30.00
1121	Debridement, open reduction and plaster dressing (compound)	50.00
1218	PELVIS, Dislocation	35.00
1025	Fracture, Uncomplicated with or without plaster cast (simple)	25.00
1026	Complicated with visceral injury (simple)	50.00
1122	With external compounding debridement reduction and suture (compound)	75.00
1123	With sutured viscera (compound)	75.00
1353	Perineum, repair of	35.00
1477	Pharyngeal abscess	12.50
1354	Phrenictomy	25.00
1355	Pneumolysis	50.00
1356	PNEUMOTHORAX, Artificial, First induction	12.50
1357	Refills	5.00

CODE
NUMBER

1457	POLYPUS, <i>Ear, removal of</i>	12.50
1475	<i>Nasal, removal of</i>	10.00
1027	Pott's fracture	25.00
423	PROCTOSCOPY	3.00
424	<i>With sigmoidoscope</i>	5.00
1361	Prolapse of rectum, abdominal fixation of	50.00
1388	PROLAPSE UTERI	50.00
1292	<i>Inclusive perineal repair</i>	75.00
1279	Prostatic abscess, incision and drainage	25.00
1432	Pterygium	20.00
1433	Ptosis, skin and tarsal resection	35.00
1362	PUNCTURE, <i>Cisterna, inclusive local anaesthetic and obtaining fluid</i>	25.00
1363	<i>Lumbar</i>	5.00
232	PYELOGRAM (x-ray code)	5.00
360	<i>With intravenous (x-ray code)</i>	10.00
426	<i>With cystoscopy and catheterization of ureter</i>	15.00
1364	Pyloroplasty	60.00
	RADIUS OR ULNA, or both	
1028	<i>Fracture, Including Colles' fracture, reduction and plaster dressing (simple)</i>	25.00
1029	<i>Shaft (simple)</i>	30.00
1124	<i>Suture reduction and plaster dressing (compound)</i>	30.00
1030	<i>Open reduction (simple)</i>	35.00
1125	<i>(compound)</i>	50.00
1364	Rammstedt's operation	60.00
1414	Refractions	5.00
1361	Rectum, prolapse - abdominal fixation	50.00
	RIB	
1219	<i>Dislocation</i>	5.00
1031	<i>Fracture (one, simple)</i>	7.50
1032	<i>(each additional)</i>	2.50
1126	<i>(one, compound)</i>	12.50
1127	<i>(each additional)</i>	5.00
1275	<i>Resection</i>	25.00
0008	<i>Removal cervical rib</i>	60.00
1033	SACRUM, <i>Fracture, Simple</i>	25.00
1128	<i>Compound.</i>	35.00
1365	Salpingectomy	50.00
	SCAPULA	
1034	<i>Fracture (simple)</i>	20.00
1129	<i>(compound)</i>	25.00
1312	Semilunar cartilage, removal from joint	50.00
1366	Sequestrum, removal of	35.00
1220	Shoulder, dislocation	20.00

CODE
NUMBER

SINUS

1478	Accessory nasal, drainage	.	.	.	.	.	3.00
1482	Sphenoid, drainage	.	.	.	.	.	25.00
1479	Ethmoid, radical	.	.	.	.	.	35.00
1480	Frontal, Intranasal	.	.	.	.	.	25.00
1481	Radical	.	.	.	.	.	50.00
1458	Lateral	.	.	.	.	.	50.00

1035	SKULL FRACTURE, No complications (<i>simple</i>)	.	.	.	.	.	30.00
1130	(<i>compound</i>)	.	.	.	.	.	50.00
1036	With complications	.	.	.	.	.	50.00
1036	Operations	.	.	.	.	.	50.00

1482	Sphenoid sinus, drainage of	.	.	.	.	.	25.00
1368	Splenectomy	.	.	.	.	.	75.00

1140	STEINMAN PIN. Insert	.	.	.	.	.	50.00
1142	Removal	.	.	.	.	.	10.00

STERNUM

1037	Fracture (<i>simple</i>)	.	.	.	.	.	20.00
1131	(<i>compound</i>)	.	.	.	.	.	25.00

1434	Strabismus, operation for	.	.	.	.	.	50.00
1369	Stricture of rectum	.	.	.	.	.	25.00
1293	Submucous resection	.	.	.	.	.	25.00
1281	Subphrenic abscess	.	.	.	.	.	75.00
1347	Supraorbital nerve, injection of	.	.	.	.	.	5.00

1370	SYMPATHECTOMY, Cervical	.	.	.	.	.	50.00
1371	Periarterial	.	.	.	.	.	35.00

TARSAL BONE,

1221	Dislocation (<i>one</i>)	.	.	.	.	.	7.50
1222	(<i>each additional</i>)	.	.	.	.	.	2.50
1038	Fracture (<i>one, simple</i>)	.	.	.	.	.	7.50
1040	(<i>each additional</i>)	.	.	.	.	.	2.50
1039	Complicated, requiring operation (<i>simple</i>)	.	.	.	.	.	15.00
1132	(<i>one, compound</i>)	.	.	.	.	.	12.50
1134	(<i>each additional</i>)	.	.	.	.	.	5.00
1133	Open operation	.	.	.	.	.	25.00

1372	TENORRHAPHY, (<i>one</i>)	.	.	.	.	.	20.00
1373	(<i>one additional</i>)	.	.	.	.	.	5.00

1374	Tenotomy	.	.	.	.	.	12.50
1258	Thigh, amputation	.	.	.	.	.	75.00
1375	Thoracoplasty, each stage	.	.	.	.	.	50.00
1223	Thumb, dislocation	.	.	.	.	.	7.50
1376	Thyroid artery, ligation of	.	.	.	.	.	25.00
1377	Thyroidectomy	.	.	.	.	.	60.00

TIBIA

1041	Fracture, Reduction with plaster dressing (<i>simple</i>)	.	.	.	.	.	25.00
1042	Traction suspension or skeletal fixation (<i>simple</i>)	.	.	.	.	.	30.00
1135	Reduction debridement suture and cast or traction (<i>compound</i>)	.	.	.	.	.	30.00
1136	Open operation	.	.	.	.	.	50.00
1143	Removal of plate	.	.	.	.	.	15.00

CODE
NUMBER

1259	TOE, Amputation (one)	12.50
1260	(each additional)	5.00
1224	Dislocation (one)	5.00
1225	(each additional)	2.50
1044	Fracture (one, simple)	7.50
1045	(each additional)	2.50
1137	(one, compound)	10.00
1138	(each additional)	5.00
1483	Tonsillar abscess	10.00
401	Tonsillectomy	10.00
1484	Tonsillectomy and adenoidectomy	15.00
1485	Tracheotomy	25.00
407	Transfusion, direct	5.00
TRAUMATIC WOUNDS		
1401	Incised	7.50
1402	Lacerated	10.00
1403	Punctured	7.50
TUMOR		
1381	Tumor or cyst of skin, Deep, removal of	12.50
1382	Superficial	5.00
1378	Abdominal, Removal of	50.00
1379	Brain	75.00
1380	Gastrointestinal tract, Resection of, including intestinal anastomosis	75.00
1474	Larynx, Removal of	50.00
1486	Turbinate bone, galvano-cauterization of	10.00
1487	TURBINECTOMY	10.00
1488	Double	15.00
1383	ULCER, Gastric or duodenal	60.00
1418	Corneal, Cauterization of	5.00
1435	Extensive peripheral, cauterization of	10.00
1251	Upper arm, amputation	35.00
1384	Ureteral stone, removal of	50.00
1385	Urethral stricture, dilatation of	3.00
1386	URETHROTOMY, External	20.00
1387	Internal	12.50
1389	Uterine displacement, abdominal	20.00
1390	UTERUS, Dilatation and curettage of	25.00
1388	Prolapse, including perineal repair	50.00
1391	Vericocoele	20.00
1392	VARICOSE VEINS, Injection treatment, each injection	3.00
1393	Ligation saphenous	5.00
1226	VERTEBRA, Dislocation, one or more, reduction and plaster dressing	35.00
1227	Traction	50.00

CODE
NUMBER

VERTEBRA (Continued)

1046	Fracture, Simple compression, reduction with application of cast (simple)	.	.	.	.	.	.	35.00
1047	Complicated	.	.	.	.	.	.	50.00
1139	One or more (compound)	.	.	.	.	.	.	50.00
1201	Wrist, dislocation	.	.	.	.	.	.	15.00

APPLICATION OF CASTS

501	ARM, Elbow	.	.	.	.	.	.	7.50
502	Long, Unilateral	.	.	.	.	.	.	7.50
503	Bilateral	.	.	.	.	.	.	10.00
504	Short, Unilateral	.	.	.	.	.	.	7.50
505	Bilateral	.	.	.	.	.	.	10.00
506	Back Mould	.	.	.	.	.	.	12.50
507	BODY, Long	.	.	.	.	.	.	20.00
508	Short	.	.	.	.	.	.	15.00
509	CLUB FOOT, Unilateral	.	.	.	.	.	.	7.50
510	Bilateral	.	.	.	.	.	.	10.00
513	Finger	.	.	.	.	.	.	1.50
514	FOOT, Unilateral	.	.	.	.	.	.	5.00
515	Bilateral	.	.	.	.	.	.	10.00
516	Hand	.	.	.	.	.	.	5.00
517	Heel	.	.	.	.	.	.	2.50
518	HIP SPICA, Long, Unilateral	.	.	.	.	.	.	7.50
519	Bilateral	.	.	.	.	.	.	10.00
520	Short, Unilateral	.	.	.	.	.	.	7.50
521	Bilateral	.	.	.	.	.	.	10.00
524	LEG, Long, Unilateral	.	.	.	.	.	.	7.50
525	Bilateral	.	.	.	.	.	.	12.50
522	Short, Unilateral	.	.	.	.	.	.	7.50
523	Bilateral	.	.	.	.	.	.	12.50
526	Short, to be used with Boehler Iron, Unilateral	.	.	.	.	.	.	7.50
527	Bilateral	.	.	.	.	.	.	12.50
537	Neck	.	.	.	.	.	.	3.00
528	SHOULDER SPICA, Unilateral	.	.	.	.	.	.	10.00
529	Bilateral	.	.	.	.	.	.	15.00
535	Thumb spica	.	.	.	.	.	.	1.50
526	Torso and hip	.	.	.	.	.	.	10.00
538	Wrist, cock up	.	.	.	.	.	.	2.50

The charges for other types of casts shall be fixed by negotiation with the Director. In cases of multiple casts, the most costly will be allowed at the scheduled rate and each additional at 50% of this schedule.

NOTE: No allowance will be made for physician's services for application of casts for 15 days immediately following an operative procedure.

FEE SCHEDULE
ORTHOPEDIC, PLASTIC, NEURO-SURGERY
Effective May 1, 1944

BILLING INSTRUCTIONS
Use Code Number of Service

	CODE NUMBER		
Orthopedic Surgery Act 158		ABSCESS	
	42	Paravertebral, incision and drainage of	50.00
	217	Psoas, aspiration of	25.00
	37	Psoas, incision and drainage of	50.00
		AMPUTATIONS	
	25	Arm, transcondylar, lower third	50.00
	26	Carpo-metacarpal joint	35.00
	27	Forearm	35.00
	28	Fingers	12.50
	86	Foot	35.00
	48	Hip, disarticulation at hip joint	75.00
	29	Humerus	50.00
	87	Leg	50.00
	30	Metacarpus	35.00
	31	Phalanges	12.50
	49	Shoulder girdle	75.00
	89	Thigh	50.00
	88	Toes	12.50
		ARTHRODESIS	
	218	Astragalo-scaphoid fusion	50.00
	32	Elbow joint	75.00
	83	Foot, triple arthrodesis	65.00
	62	Foot and ankle, panastragaloid	75.00
	58	Hip	75.00
	51	Knee	75.00
	50	Sacro iliac	75.00
	2	Shoulder	75.00
	90	Tibio-tarsal arthrodesis	65.00
	3	Wrist	75.00
		ARTHROPLASTY	
	108	Elbow	75.00
	109	Hip	75.00
	110	Knee	75.00
	111	Metacarpal or metatarsal	50.00
	112	Shoulder	75.00
		ARTHRORHESIS (Bone block operations)	
	64	Ankle joint	50.00
	54	Elbow joint	50.00
	79	Hip joint (shelving operation)	75.00
	59	Knee joint	50.00
	134	Shoulder	50.00
		ARTHROTOMY	
	5	For drainage	50.00
	91	For repair	75.00
	52	Astragalectomy	75.00

CODE
NUMBER

BONE GRAFT		
6	Inlay graft	75.00
126	Onlay graft	75.00
55	Bone lengthening	75.00
56	Bone shortening	75.00
BONE TUMOR, EXCISION OF		
57	Long bones or pelvis	75.00
7	Small bones	50.00
BUNIONECTOMY		
Excision of exostosis,		
92	Single	35.00
93	Double	50.00
Reconstruction,		
94	Single	50.00
95	Double	75.00
CAPSULORRHAPHY		
33	Hands or feet	50.00
34	Large joints	75.00
8	CERVICAL RIB, removal of	60.00
40	Resection of scalenus anticus muscle	60.00
9	Club hand, reconstruction operation	75.00
CLUB FEET		
215	Manipulation and cast, bilateral	10.00
216	unilateral	7.50
214	Application of Dennis Brown splint (feet)	5.00
61	(Not to exceed \$50.00 for 3 months' treatment)	
63	Multiple operative procedures for	60.00
202	Ogston's operation (feet)	60.00
69	Epiphyseal arrest, single	60.00
169	double	75.00
41	Laminectomy	75.00
Manipulative procedures of		
60	Dislocated hip with application of cast	50.00
Muscle advancement of		
10	Flexor muscle from median epicondyle	50.00
	(For Volkmann's contracture)	
MUSCLE STRIPPING		
120	Campbell's operation	60.00
65	Ilium, (Soutter's operation for	
	flexion contracture of hip)	50.00
101	Os Calcis (Steindler's operation)	50.00
11	Scapula (in Sprengel's deformity)	75.00
OBSTETRICAL PARALYSIS, OPERATIONS FOR		
21	Kleinberg's operation	50.00
133	Osteotomies	50.00
21	Sever's operation	50.00
106	Tendon transplants	50.00

OPEN REDUCTIONS FOR UNUNITED FRACTURES

15	Both bones of forearm	75.00
67	Femur	75.00
38	Humerus	75.00
128	Tibia	75.00
68	Others	60.00

OSTEOMYELITIS, CHRONIC

208	Incision and drainage	50.00
77	Ostectomy	75.00
107	Saucerization	75.00
84	Sequestrectomy, simple	50.00

OSTECTOMY

71	Femur	75.00
17	Forearm	50.00
75	Hip, intertrochanteric	75.00
76	Hip, intra-articular	75.00
53	Hip, Lorenz-Bayer bifurcation	75.00
53	Hip, Shantz	75.00
80	Hip, Subtrochanteric	75.00
19	Humerus	60.00
70	Knee, tibia and fibula	60.00
35	Metacarpals of	40.00
96	Metatarsals of	40.00
97	Os Calcis	50.00
98	Radial, Madelung's	60.00
99	Supramalleolar	50.00
73	Tarsus and metatarsus, multiple	60.00

10	Palmar fasciotomy for Dupuytren's contracture	50.00
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RECURRENT DISLOCATIONS, SURGICAL PROCEDURES FOR

210	Metacarpal phalangeal joint	50.00
211	Patella	75.00
212	Shoulder	75.00
213	Temporomandibular joint	75.00
16	Other joints	50.00

43	Removal of coccyx	50.00
209	Removal of Steinman pin	10.00

RESECTIONS

18	Elbow joint	75.00
39	Head of radius	60.00
129	Hip	75.00
78	Knee	75.00
127	Metatarsal heads	60.00
20	Shoulder joint	75.00
36	Wrist	75.00

81	Shelf operation, hip	75.00
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SLIPPED FEMORAL EPIPHYSIS

203	Open reduction	75.00
219	Closed reduction	50.00

44	Spinal fusion	75.00
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CODE
NUMBER

Orthopedic Surgery Act 158	103	Stripping of internal malleolus (Ober's)	50.00
		SYNOVECTOMY	
	150	In arthritis of knee	75.00
	151	In osteochondromatosis	75.00
	206	Tendon, lengthening	40.00
	207	shortening	40.00
		TENODESIS	
	121	Ankle joint	50.00
	122	Paralytic calcaneus	50.00
	123	Paralytic equinus	50.00
	124	Paralytic varus	50.00
	125	Wrist	50.00
		TENOTOMY	
	113	Subcutaneous	30.00
	114	Open	50.00
	115	Hamstring tendons	50.00
	116	Iliopsoas contracture	50.00
	23	Sternocleidomastoid (in torticollis)	60.00
	118	Toe flexors and extensors	40.00
	105	Tenoplasty	50.00
	130	TRANSPLANTS of biceps femoris	75.00
	131	other muscles	50.00
	132	tendons	50.00
Neuro Surgery		NERVE RESECTION	
	160	Median nerve	50.00
	162	Obturator nerve	50.00
	164	Posterior tibial nerve	50.00
	163	Sciatic nerve	50.00
	161	Ulnar nerve	50.00
		NERVE SUTURE	
	173	Brachial plexus	75.00
	171	Median nerve	50.00
	170	Musculospiral	50.00
		SCIATIC NERVE	
	175	external popliteal (peroneal)	50.00
	176	internal popliteal (tibial)	50.00
	172	Ulnar nerve	50.00
	174	Other	50.00
		RAMISECTIONS	
	181	In spastic paralysis	75.00
	182	Sympathetic cervical	75.00
	183	Sympathetic, chronic arthritis	75.00
	184	Sympathetic lumbar	75.00
		SPINA BIFIDA, CLOSURE OF	
	46	With meningocele	75.00
	46	Without meningocele	50.00
	45	Sympathectomy	75.00

CODE
NUMBER

Plastic Surgery	303	Cheiloplasty	50.00
	301	Palatorrhaphy	75.00
	307	Rhinoplasty	75.00
	302	Repair of deforming contractures (old), major	75.00
	308	Repair of deforming contractures (old), minor	50.00
	304	Skin grafting for old burns, major	75.00
	309	Skin grafting for old burns, minor	50.00
Measuring and Fitting of Appliance	421	Non-operative case	10.00
		Post-operative case	No Charge

Application
of Casts
Act 158

Refer to PHYSICIANS' - SURGEONS' FEE SCHEDULE, Act 283.

CRIPPLED CHILDREN'S ACT
No. 158 of the Public Acts of 1937
As Amended By
Act 227 of the Public Acts of 1943 and
Act 187 of the Public Acts of 1945 and
Act 227 of the Public Acts of 1945 and
Act 248 of the Public Acts of 1947

Bill
Powers
Duties

1 AN ACT to declare the policy of the state of Michigan with
2 reference to crippled children; to provide for the appoint-
3 ment of, and to prescribe the powers and duties of the
4 Michigan crippled children commission; to provide for the
5 registration, examination, diagnosis, treatment, follow-up
6 supervision, convalescent and custodial care and education
7 of crippled children; to provide for the establishment,
8 maintenance and conduct of hospital schools for convalescent
9 crippled children; and to provide for, and regulate the
10 making of appropriations to carry out the purposes of this
11 act; and to repeal all acts and parts of acts inconsistent
12 with the provisions of this act.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

TITLE I. POLICY OF STATE.

Policy of
State
Location
Care
Treatment

1 Section 1. Policy of state. It is hereby declared to be the
2 public policy of the state to develop, extend, and improve,
3 especially in rural areas, services for locating children who
4 are suffering from conditions which lead to crippling and for
5 providing medical, surgical, corrective, and other services
6 and care, including after care and custodial care when nec-
7 essary, and facilities for diagnosis, hospitalization, and
8 special education for crippled children as herein provided;
9 and to prevent, insofar as possible, such crippling conditions.
10 Such policy being based not only on humanitarian but on econ-
11 omic considerations, it shall be carried out not only for the
12 purpose of providing medical and physical care for crippled
13 children, but for the purpose of making them self-sustaining
14 in whole or in part, rather than charges on the public for
15 support.

TITLE II. DEFINITION OF CRIPPLED CHILD.

Definition

1 Sec. 2. Definition. For the purposes of this act a crippled
2 child is hereby defined to be one under twenty-one years of
3 age, married or unmarried, whose activity is or may become
4 so far restricted by defect or deformity of bones or muscles,
5 or the impairment of function thereof, as to reduce his or
6 her normal capacity for education and self-support.

TITLE III. MICHIGAN CRIPPLED CHILDREN COMMISSION

Commission
Appointment
Term

1 Sec. 3. Commission; appointment, term vacancies. There
2 shall be appointed by the governor, by and with the advice
3 and consent of the senate, a commission composed of five
4 members, to be known as the Michigan crippled children com-
5 mission, hereinafter referred to as the commission. Two of
6 such members shall be appointed to serve for a period of one
7 year, two for two years and one for a period of three years,
8 and each year thereafter there shall be appointed two members
9 or one member, as the case may be, to serve for the full term
10 of three years or until their successors are appointed and
11 qualified. All vacancies shall be filled by appointment by
12 the governor. Each member of the commission shall take and
13 subscribe to the oath of office required by law. Such members
14 shall serve without compensation, but shall be entitled to
15 their actual traveling expenses. Such commission shall be a
16 body corporate and may contract and be contracted with, sue
17 and be sued, and do all things necessary to perform the duties
18 required and to execute the powers vested in the commission by
19 law.

Powers, Duties,
Rules and Regu-
lations,
Officers,
Approval of
Hospitals,
Clinics,
Fees and Rates,
Payments

1 Sec. 4. Specific powers and duties. The commission shall
2 have power (1) to administer a program of services for child-
3 ren who are crippled or who are suffering from conditions
4 which lead to crippling, and to supervise the administration
5 of those services included in the program which are not ad-
6 ministered directly by it; (2) to make rules governing its
7 procedure; (3) to select a chairman and a vice chairman who
8 shall serve without compensation, for the term of one year,
9 and to employ a director who shall be a regularly qualified
10 and licensed physician of the state of Michigan, a secretary
11 and any other personnel necessary for the carrying out of the
12 provisions of this act, and other necessary and properly
13 qualified office and field employes, who shall serve during
14 the pleasure of the commission, and receive necessary traveling
15 expenses and salaries to be fixed by the commission; and (4) to
16 make and enforce rules and regulations concerning employes
17 serving the commission, the approval of hospitals, convalescent
18 homes and orthopedic centers, the conduct of clinics, the
19 handling of cases, the providing of hospital schools and, in
20 cooperation with the auditor general the fixing of fees and
21 institutional rates, the payment of bills, and the carrying
22 out of all of the provisions of this act imposing duties upon
23 it.

Program of
Services
for
Crippled
Children

1 Sec. 5. Services for crippled children. The commission is
2 hereby designated as the agency of the state to administer a
3 program of services for children who are crippled or who are
4 suffering from conditions which lead to crippling, and to
5 supervise the administration of those services included in
6 the program which are not administered directly by it. The

7 purpose of such program shall be to develop, extend and im-
8 prove services for locating such children, and for providing
9 for medical, surgical, corrective, and other services and
10 care, including after care and custodial care, and for
11 facilities for diagnosis, hospitalization and special edu-
12 cation.

Federal
Annual Plan,
Records,
Reports,
Cooperation
With Other
Agencies

1 Sec. 6. Plan or plans; cooperation with federal government.
2 The commission is hereby authorized:

3 (a) To formulate and administer a detailed plan or plan for
4 purposes specified in section five, and make such rules
5 and regulations as may be necessary or desirable for
6 the administration of such plans and the provisions of
7 this act. Any such plan shall include provisions for

8 (1) Financial participation by the state;

9 (2) Administration of the plan or plans by the com-
10 mission, and supervision by the commission of the
11 administration of those services included in the
12 plan or plans which are not administered directly
13 by it;

14 (3) Such methods of administration as are necessary for
15 efficient operation of the plan or plans;

16 (4) Maintenance of records and preparation of reports
17 of services rendered;

18 (5) Cooperation with medical, health, nursing, and
19 welfare groups and organizations, and with any
20 agency of the state charged with the administration
21 of laws providing for vocational rehabilitation
22 and special education of physically handicapped
23 children.

24 (6) Carrying out the purposes specified in section five.

25 (b) To expend in accordance with such plan or plans all funds
26 made available to the state by the federal government for
27 such purposes.

Social
Security
Act

28 (c) To cooperate with the federal government, under part two,
29 title five of the federal social security act, through
30 its appropriate agency or instrumentality, in developing,
31 extending, and improving such services, and in the ad-
32 ministration of such plan or plans.

Bequests,
Trusts,
Gifts

1 Sec. 7. Bequests; trust fund. The said commission shall
2 have power and authority to receive and hold the title to
3 property, both real and personal, by gift, devise, bequest
4 and conveyance, to be used by said commission for the
5 purpose of carrying out the provisions of this act, and
6 all property so accepted shall be held and used as a trust
7 fund for the purposes for which received.

Books and
Accounts,
Biennial
Report

1 Sec. 8. Books and accounts; report. The books and accounts
2 of the commission shall be open at all times for examination.
3 The commission shall make a biennial report to the governor
4 and the state administrative board showing the amount of
5 money received and expended and a detailed statement of its
6 activities for said period, and a copy of such report shall
7 be furnished each member of the legislature at its first
8 session following the filing of such report with the governor.

TITLE IV. REGISTRATION OF CRIPPLED CHILDREN

Forms,
Census

1 Sec. 9. Forms. The forms prepared by the superintendent of
2 public instruction for the enumeration of children of school
3 age in this state, as provided by law, shall contain space
4 for the special enumeration of crippled children as defined
5 in this act. On supplementary blanks to be printed and
6 furnished by the commission, shall be shown such information
7 as shall be required by the commission for such children from
8 birth to twenty-one years of age.

Duties
Census
Enumerators

1 Sec. 10. Duties of census enumerators. Each school census
2 enumerator shall register in the space and on the blanks pre-
3 scribed by section nine every crippled child as herein
4 defined within his school district or subdivision thereof,
5 and make report thereof to the superintendent of public
6 instruction.

1 Sec. 11. Duty of superintendent of public instruction. The
2 superintendent of public instruction shall forthwith forward
3 to the secretary of the commission the supplementary reports
4 as herein required.

Investigation
Census
Reports

1 Sec. 12. Investigation and report. It shall be the duty of
2 the commission, upon receipt of the completed supplementary
3 school census reports, to cause to be investigated in collabor-
4 ation with local authorities the needs of such children and to
5 arrange for their proper care and education, as provided for
6 in this act.

TITLE V. EXAMINATION AND DIAGNOSIS.

Clinics

1 Sec. 13. Holding of clinics. It shall be the duty of the
2 commission to hold diagnostic clinics for crippled children

3 in such places and at such times as circumstances and con-
4 ditions may warrant. Preparations for, and the organization
5 and administration of, such clinics shall be under the di-
6 rection of the commission, which shall make suitable rules
7 for their conduct.

Reports of
Clinics

1 Sec. 14. Surgeons and specialists; reports. The orthopedic
2 surgeons and other necessary medical specialists who are to
3 examine children at clinics shall be chosen by the commission
4 in cooperation with the local county medical societies. It
5 shall take detailed stenographic reports of the examining
6 specialists at the clinics, including their recommendations,
7 and prepare special blanks upon which such reports are to be
8 recorded. Copies of such reports shall be furnished to
9 properly interested persons and agencies in the counties
10 where the respective children have their residences, includ-
11 ing parents who are able to pay any part of the costs of the
12 treatment recommended.

TITLE VI. TREATMENT.

Treatment,
Investigation,
Residence

1 Sec. 15. Investigation and report. Whenever there shall be
2 found in any county a crippled child as herein defined, whose
3 condition can be remedied and whose parents or guardians are
4 unable to provide proper care and treatment, it shall be the
5 duty of the commission, or such person or agency as shall be
6 available and approved by the commission, as the case may be,
7 to make an investigation and a certificate showing the phy-
8 sical and mental condition of such child and the financial
9 condition of the family and setting forth a copy of the re-
10 port of such investigation and of the report of a duly li-
11 censed practitioner of medicine with reference to such child.
12 Such certificate shall be forwarded to the judge of probate
13 of the county.

Order of
Court,
Financial
and Medical
Reports,
Commission
Responsibility

1 Sec. 16. Order of probate judge; responsibility of com-
2 mission. Upon the receipt of such certificate, it shall be
3 the duty of the judge of probate promptly to consider the
4 matter and to make a determination with reference thereto.
5 The said judge of probate may enter an order, a copy of which
6 shall be sent forthwith to the commission, including the re-
7 port of the financial and medical investigators, directing
8 that such child be conveyed to a hospital in the state which
9 has been approved and designated by the commission for the
10 care of such children, as herein defined. Upon receipt of
11 the copy of such order, the commission shall become charged
12 with the responsibility for the proper handling of the case,
13 and may transfer such child to some other hospital for treat-
14 ment better adapted to its needs, or because of lack of room
15 or facilities, or for other adequate reason, the intent of
16 this provision being that it shall be the duty of the com-
17 mission to secure for each child such care and treatment as
18 the particular necessities of the case may require.

1 Sec. 17. Designation of hospitals. Any hospital approved
2 by the American college of surgeons may be approved by the
3 commission, if it maintains orthopedic equipment and con-
4 valescent and educational facilities including qualified
5 instructional service and an attending orthopedic surgeon
6 and other specialists approved by the commission.

Hospital
Reports,
Admittance,
Discharge,
Progress

1 Sec. 18. Hospital reports. Approved hospitals receiving
2 patients under the provisions of this act shall report with-
3 in 10 days to the commission, on blanks to be provided by
4 the commission for that purpose, the dates of admission to
5 and discharge from such hospital, the name of the approved
6 physician and/or the surgeon who operated, and such other
7 information as the commission may require, and a copy of such
8 report shall be sent by the commission to the probate judge
9 and to any other properly interested person or agency of the
10 county from which such patient was sent. Each approved hos-
11 pital shall report progress to the commission on the treat-
12 ment of all crippled children remaining in such hospital in
13 excess of 15 days in the manner required by the commission:
14 Provided, That when the progress report submitted by the
15 hospital does not indicate the need for further acute care,
16 the convalescent rates established by the commission shall
17 prevail.

Hospital
Care and
Treatment

1 Sec. 19. Hospital care and treatment. It shall be the duty
2 of the superintendent of such hospital to provide a bed in
3 the hospital to which such child shall be assigned for oper-
4 ation or treatment or both of the deformity or malady in
5 the particular case and the care and treatment of such child.
6 The physician or surgeon approved by the commission shall
7 proceed as promptly as necessary to perform such operation
8 or to bestow such treatment upon such child as in his judg-
9 ment shall be proper. No compensation shall be charged or
10 allowed to the admitting physician nor to the physician or
11 surgeon at the hospital of the university of Michigan who
12 shall treat such child other than is provided for in this act.

TITLE VII. EDUCATION.

Hospital
Schools

1 Sec. 20. Hospital schools. Hospital schools for educational
2 training for convalescent crippled children shall be provided
3 by the hospital authorities in approved hospitals of the
4 state receiving crippled children for treatment as may in the
5 judgment of the superintendent of public instruction be deemed
6 advisable.

School Re-
quirements

1 Sec. 21. Requirements. All courses of study, attendance
2 record systems, the adequacy of methods of instruction, the

3 qualifications of teachers, the conditions under which
4 teachers are employed and the purchase of necessary equip-
5 ment for the instruction of such children in hospital
6 schools shall comply with the requirements prescribed by
7 the state superintendent of public instruction.

School
Records
Reports

1 Sec. 22. Records; reports. Hospital schools shall keep
2 daily records on the regular child accounting forms used
3 in the public schools in the state, showing all children
4 actually receiving instruction. Said hospital schools shall
5 transmit such reports to the superintendent of public in-
6 struction as he shall request.

TITLE VIII. ORTHOPEDIC CENTERS.

Out-Patient
Follow-up and
Convalescent
Care,
Education

1 Sec. 23. Minor orthopedic cases; out-patient and convales-
2 cent department; follow-up supervision. The commission may
3 from time to time establish treatment and educational centers
4 in various districts of the state, where, in the opinion of
5 the commission it is necessary to give clinical examination,
6 treatment of minor orthopedic conditions, out-patient treat-
7 ment and education and follow-up supervision, including con-
8 valescent periods for patients from approved and designated
9 hospitals provided for in section seventeen of this act.
10 For this purpose the commission may designate and approve
11 local hospitals and surgeons and convalescent schools for
12 the care and education of such convalescent patients, and
13 those suffering from minor orthopedic maladies, and fix
14 their compensation therefor.

Commitment,
Responsibility

1 Sec. 24. Commitment; responsibility. The probate judge of
2 any county may make orders for the conveying of any such
3 children to any such center, and the commission shall be
4 charged with the responsibility for and the care and treat-
5 ment of such children to the same extent as provided in
6 section sixteen of this act.

TITLE IX. CUSTODIAL CASES

Custodial
Cases

1 Sec. 25. Definition. A custodial case shall be deemed to
2 be that of a person, under twenty-one years of age, who, be-
3 cause of his or her physical handicap, can improve very
4 little or not at all by orthopedic treatment; who needs
5 dependent care, either total or partial; who, under normal
6 conditions, cannot be profitably educated, vocationally
7 trained or placed in remunerative employment; but who may,
8 under proper conditions especially provided, be enabled to
9 contribute to his or her own partial support or well-being.

Care and
Education

1 Sec. 26. Care and education. The commission shall have
2 power and it shall be its duty to arrange for the care and
3 education of crippled children requiring custodial care, for
4 whom no other provision is made: Provided, That such per-
5 sons committed before attaining the age of twenty-one, shall
6 continue thereafter to receive such care and education if
7 considered by the commission necessary and proper. Custodial
8 care shall be given by the commission on the order of the
9 probate court in family homes or private or public institu-
10 tions which are suitable and licensed by the state under act
11 number one hundred thirty-six of the public acts of nineteen
12 hundred nineteen and act number three hundred of the public
13 acts of nineteen hundred thirteen, as amended, respectively.

TITLE X. FINANCE.

Expenses of
Commission,
Gifts and
Grants

1 Sec. 27. Expenses of commission. The expenses of the com-
2 mission in carrying out the provisions of this act shall be
3 paid pursuant to appropriations made from time to time out
4 of the general fund: Provided, however, That if any funds
5 are made available to the commission by gift or grant, they
6 shall be expended in accordance with the provisions of such
7 gift or grant.

Clinic
Expense

1 Sec. 28. Expense of clinics. The per diem compensation of
2 orthopedic surgeons and medical specialists in diagnostic
3 clinics shall be fixed by the commission in cooperation with
4 the auditor general and paid in addition to necessary travel-
5 ing expenses. The commission may also incur and pay any other
6 incidental expense for service in connection with the holding
7 of such clinics.

Cost of
Investigations

1 Sec. 29. Cost of investigations and reports. The costs of
2 the investigational and medical reports required by section
3 fifteen of this act shall be paid by the state according to
4 such schedule of fees and expenses as shall be adopted by
5 the commission.

Hospital
Accounting,
Fee and Rate
Schedules,
Annual
Maximum Fee

1 Sec. 30. Hospital accounting; standardization of fees and
2 rates. The superintendent of the approved hospital shall
3 keep a correct account of all hospital, boarding or convales-
4 cent home services, including all ordinary care and such
5 other necessities furnished to said child in accordance with
6 the hospital, convalescent or boarding home rates as fixed by
7 the commission. The hospitals' financial records shall be
8 open to audit by any person designated by the commission.
9 The commission shall pay for the day of admission but not for
10 the day of discharge. Hospitals shall be paid their ward cost

11 up to but not in excess of \$11.00 per day for acute care
12 and ward costs up to but not in excess of \$7.00 per day for
13 convalescent hospital and convalescent home care: Provided,
14 That no hospital shall be paid more per patient day than is
15 charged private patients for ward care: And provided
16 further, That no hospital shall be paid more per patient
17 day than is charged for the ward care of patients whose care
18 is paid for out of county funds. Cost as herein used shall
19 be determined by the commission in accordance with official
20 bulletin 210--hospital accounting and statistics of the
21 American hospital association. Professional fees shall not
22 exceed \$90.00 for a major operation, and in no case shall
23 surgical and/or medical fees exceed \$200.00 to any 1 doctor
24 for any 1 patient in a 12 month period. Said superintendent
25 and physician shall make and file with the commission affi-
26 davits containing itemized statements of such services
27 rendered. No compensation shall be charged or allowed to
28 the admitting physician of any hospital; or to any physician,
29 surgeon or nurse who shall attend or treat any such child at
30 the hospital of the university of the state of Michigan,
31 other than the salary or compensation paid to such person by
32 that hospital: Provided, however, That said university hos-
33 pital may charge for the service of its resident staff if
34 such child has medical or surgical insurance coverage, said
35 charge to be against the medical service or insurance com-
36 pany providing that service. Any physician or surgeon except
37 residents treating any such child at any hospital other than
38 the hospital of the university of Michigan shall bill the
39 commission for compensation as fixed by the commission and be
40 paid by a separate warrant drawn to his order and forwarded
41 to him at his professional address. This affidavit and
42 statement shall in all instances be furnished not later than
43 60 days after the release or discharge of a child from the
44 hospital. The commission shall fix schedules of compensation
45 to be paid to any hospital, physician or surgeon for the
46 clinical examination, treatment and out-patient care of a
47 crippled child. The schedules of fees and rates herein pro-
48 vided for shall be established and published by the commission
49 at such time as the commission may deem necessary.

Hospital,
Physicians,
Conveyance

1 Sec. 31. Upon filing the affidavit with the auditor general,
2 it shall be the duty of said auditor general to audit the
3 same according to the rates fixed by the commission and the
4 auditor general and forthwith to draw an order on the trea-
5 surer of the state of Michigan for the amount of such expendi-
6 tures and forward the same to the treasurer of such hospital
7 or to the physician. All expenses incurred in conveying
8 crippled children to and from any such hospital shall, when
9 approved by the judge of probate ordering such services, and

10 when fully itemized be audited by the auditor general and
11 paid out of the general fund of the state. Provided, That
12 the expense of sending such children home may be paid by
13 the hospital, and when fully itemized as traveling expense,
14 charged in the regular bill for maintenance with the ap-
15 proval of the commission. The compensation as fixed by the
16 commission and the auditor general and approved by them
17 shall be paid to the approved physician or surgeon perform-
18 ing services hereunder, by a separate warrant drawn to his
19 order, except at the hospital of the university of Michigan.
20 The warrant of the auditor general shall be made payable to
21 the particular hospital or physician rendering services here-
22 under and delivered to it or him in payment of such services.

Payments by
Parents,
Husbands,
Guardians

1 Sec. 32. Payments by parents, husbands or guardians. Such
2 portion of the charges for the care and treatment of the
3 children whose parents, husbands or guardians are of suffici-
4 ent ability to pay any part of the same, or who have persons
5 or kindred bound by law to maintain them, shall be paid to
6 the state treasurer by such persons or such kindred in such
7 amount, and at a rate to be determined by agreement with the
8 probate judge and the commission. Payment of such costs by
9 such husband, parents or guardians shall be made to the
10 treasurer of the county from which the child was admitted in
11 accordance with the agreement. Said treasurer shall forward
12 to the commission on the 15th of each month all payments re-
13 ceived, and the commission shall duly credit the account,
14 forward the moneys received to the treasurer of the state,
15 who shall credit these payments to the fund for the cost of
16 the care of crippled children under this act. The com-
17 mission shall furnish all necessary blank forms for such
18 agreement and payment.

Hospital
Bedside
Education

1 Sec. 33. The hospital authorities conducting educational
2 programs approved by the superintendent of public instruction
3 shall include in their budgets a sufficient fund to provide
4 the instructional program. To reimburse the hospital for
5 such expenditures as are approved, the state treasurer is
6 hereby authorized to pay to the treasurer of the proper hos-
7 pital, out of the general fund of the state, on or before
8 the following December fifteenth of each year, upon the
9 warrant of the auditor general, the actual expense incurred
10 for reimbursable items for such educational programs which
11 shall have been conducted in accordance with the regulations
12 of the superintendent of public instruction: Provided, That
13 no hospital may be reimbursed under this act for which finan-
14 cial aid is paid under any other state or federal act:
15 Provided further, That should the legislative appropriation
16 for this purpose be less than the approved claims, the super-
17 intendent of public instruction shall make an equal percentage
18 cut in reimbursement to each hospital.

Cost of
Clinic
Conveyance

1 Sec. 34. Expense, orthopedic centers. The accounting of
2 the costs incurred under commitments pursuant to section 24
3 and the payment thereof from the general fund through the
4 office of the auditor general, including conveyance costs
5 as provided by law contracted for by the commission, shall
6 be made in the same manner as in the case of commitments to
7 hospitals under this act.

Cost of
Custodial Case,
Recharge to
County
Transportation

1 Sec. 35. Costs in custodial cases. Payments for necessary
2 transportation and for custodial care shall be made in the
3 same manner, and subject to the same limitations, as for
4 other crippled children committed under this act to hos-
5 pitals by the probate court: Provided, That 50 per cent of
6 the costs of care in each case shall be recharged by the
7 state to the county of which the custodial crippled child
8 is a legal resident, upon the presentation of bills for such
9 care approved by the commission.

Payment by
State Not
Pauper Aid

1 Sec. 36. Payment by state not pauper aid. Such charges as
2 are paid by the state shall not be deemed to have been paid
3 as state or pauper aid, and no person shall be deemed a
4 pauper in consequence of his inability to pay for the care,
5 treatment and education of a child in said hospital or in an
6 approved hospital school.

Appropriations,
Allocation
of Funds,
Revision of
Allocation

1 Sec. 37. Appropriations. The cost of carrying out the pro-
2 visions of this act shall be paid from money appropriated
3 for that purpose by the legislature. Appropriations under
4 this act made for the uses of the commission and to reimburse
5 the general fund for expenditures hereunder shall be separate
6 and apart from the appropriations under any other act. The
7 appropriations for the crippled children commission shall be
8 allotted in accordance with a schedule to be submitted by the
9 commission and recommended for approval by the state budget
10 director to the state administrative board on or before the
11 beginning of each fiscal year. Said schedule shall be based
12 upon the equitable allocation to counties of the appropriations
13 provided herein for the treatment of crippled children, which
14 allocations shall be based solely upon the resources and needs
15 of the respective counties, any other provision to the contra-
16 ry notwithstanding. Nothing in this section shall prevent a
17 revision of such schedule during the fiscal year when necessary
18 to meet emergency conditions. It is the purpose of this
19 section to so limit the liability of the state that the state
20 will not be required to spend funds beyond the amount of each
21 such appropriation. This section shall be so construed as to
22 effect this purpose, and it shall be absolutely binding upon
23 every official or body concerned in the administration of the
24 aforesaid appropriations. In administering the budget the
25 commission shall have the power to surcharge the county for

26 excessive hospitalization of any case, and in its discretion
27 shall return to the probate judge or judges of the county
28 responsible therefor, bills for such excessive hospitalization,
29 who shall order such sums paid from the general funds of the
30 county: Provided however, That no county shall be liable
31 for excessive hospitalization in such events as epidemics or
32 emergencies requiring use of the provisions of this act.

Disposition
of Income to
State
Treasurer

1 Sec. 38. Disposition of income. All sums paid to the com-
2 mission for the training of crippled children shall be paid
3 promptly by the commission into the state treasury to be
4 credited to the hospital bedside education fund to be dis-
5 bursed for the benefit of pupils in approved hospital schools.
6 All money, securities or like personal property received by
7 said commission by gift, devise, or bequest, shall be paid
8 promptly into the state treasury to be credited to the fund
9 of the state of Michigan, designated by the donor or the com-
10 mission. The income from all notes, stocks, bonds or other
11 securities shall likewise be paid promptly into the state
12 treasury to be also credited to the fund so designated and to
13 be likewise disbursed. The treasurer of the commission shall
14 give a bond to the state of Michigan in such amount as shall
15 be by the governor from time to time prescribed.

Federal Funds

1 Sec. 39. Funds received from federal government. The state
2 treasurer shall (1) receive all funds granted to the state by
3 the federal government under the provisions of section 6 of
4 this act; (2) act as custodian of such funds; (3) keep them
5 in a special fund to be known as "the fund for services for
6 crippled children", or other designation; (4) and disburse
7 the funds upon certification by the treasurer of the com-
8 mission.

TITLE XI. MISCELLANEOUS.

Act Not
Compulsory

1 Sec. 40. Provisions of act not compulsory. No official or
2 agent, or representative, in carrying out the provisions of
3 this act, shall enter any home or take charge of any child over
4 the objection of the parents, or either of them or the person
5 standing in loco parentis or having other custody of such child,
6 and nothing in this act shall be construed as limiting the power
7 of a parent or guardian or person standing in loco parentis to
8 determine what treatment or correction shall be provided for a
9 child or the agency or agencies to be employed for such purpose.

Repeal

1 Sec. 41. Act number two hundred thirty-six of the public acts
2 of nineteen hundred twenty-seven, as amended, being sections
3 twelve thousand eight hundred ninety-six to twelve thousand nine
4 hundred nine, inclusive, of the compiled laws of nineteen hundred
5 twenty-nine, and all other acts and parts of acts inconsistent
6 with the provisions of this act are hereby repealed.

Severing
Clause

1 Sec. 42. Should any provision or section of this act be held
2 to be invalid for any reason, such holding shall not be con-
3 strued as affecting the validity of any remaining portion of
4 such section or the act; it being the legislative intent that
5 this act shall stand, notwithstanding the invalidity of any
6 such provision or section.

Title of
Act

1 Sec. 43. This act may be known and cited as the "Crippled
2 Children's Act".

False
Statements

1 Sec. 44. Any person found guilty of wilfully making a false
2 statement or of wilfully giving false information for the pur-
3 pose of securing aid under this act, shall be punished by a
4 fine of not more than five hundred dollars or imprisonment in
5 the county jail for not more than ninety days, and any
6 official of any hospital or any physician who shall bill the
7 state for the care of a patient in accordance with the fee
8 schedules established under this act, and also attempt to
9 force any parent, relative or guardian of such patient to pay
10 an additional sum for such care, and who shall be found guilty
11 thereof, shall be punished in the same manner.

This act is ordered to take immediate effect.

Approved July 8, 1937.

AFFLICTED CHILDREN'S ACT
No. 283 of the Public Acts of 1939

As Amended By
Act 225 of the Public Acts of 1943 and
Act 218 of the Public Acts of 1945 and
Act 228 of the Public Acts of 1945 and
Act 232 of the Public Acts of 1947

Bill Powers Duties	1 AN ACT to declare the policy of the state of Michigan with 2 reference to afflicted children; to provide for the medical and 3 surgical treatment of children who are afflicted with a curable 4 malady or are pregnant, and whose parents or guardians are 5 unable to provide proper treatment; to prescribe the function 6 of the probate court and the Michigan crippled children com- 7 mission in such cases; to provide for, and regulate the making 8 of appropriations to carry out the purposes of this act; and to 9 repeal all acts and parts of acts inconsistent with the pro- 10 visions of this act.
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THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Policy of State	1 Sec. 1. Policy of state. It is hereby declared to be the 2 public policy of the state to provide medical and surgical 3 treatment for afflicted children as hereafter defined. The 4 authority for the administration of this act is hereby vested 5 in the Michigan crippled children commission, hereinafter known 6 as the commission.
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Definition	1 Sec. 2. Definition. For the purposes of this act, an afflicted 2 child is hereby defined to be any child under 21 years of age, 3 married or unmarried, whose parents or guardians have resided in 4 this state for 1 year, who is afflicted with a physical defect 5 or illness which can be remedied, including acute fracture, or 6 who is pregnant.
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Specific Powers and Duties	1 Sec. 3. Commission; specific powers and duties. The commission 2 shall have power here conferred (1) to administer this act, as 3 hereinafter provided and to this end may employ a director who 4 shall be a regularly qualified and licensed physician of the
Approval of Hospitals & Convalescent Homes, Fees and Rates, Services of Private Agencies	5 state of Michigan, a secretary and any other personnel necessary 6 for the carrying out of the provisions of this act; (2) to adopt, 7 alter, amend and rescind rules and regulations to carry out its 8 provisions; (3) to administer a program of services for the 9 afflicted child as defined in section 2 of this act; (4) to make 10 and enforce rules and regulations concerning employees serving 11 the commission, the approval of hospitals and of treatment and 12 the handling of cases; the approval of convalescent homes, 13 boarding homes, caring for afflicted children as herein defined; 14 (5) the fixing of fees and institutional rates and the approval 15 of bills. The said commission may in its discretion accept from 16 private agencies, groups, associations, or individuals, funds or

17 subscriptions to provide through its appropriate agency or
18 instrumentality in developing, extending, and improving services
19 for afflicted children and the administration thereof.

Books and
Accounts;
Biennial
Report

1 Sec. 4. Books and accounts; report. The commission shall keep
2 such books and accounts as it deems necessary to adequately
3 record and control its transactions and furnish data necessary
4 for policy determination. The commission shall make a biennial
5 report to the governor and the state administrative board show-
6 ing the amount of money received and expended and a detailed
7 statement of its activities for said period, and a copy of such
8 report shall be furnished each member of the legislature at its
9 first session following the filing of such report with the
10 governor.

Application,
Investigation,
Duty Judge of
Probate,
Order of
Conveyance,
Approved
Hospital,
Effective
Date of
Order,
Who may
make
Application.

1 Sec. 5. Application for treatment, investigation and report;
2 duty of probate judge; order sending child to hospital. Whenever
3 there shall be found in any county an afflicted child as herein
4 defined, whose condition can be remedied and whose parents or
5 guardians are unable to provide proper care and treatment in
6 whole or in part, application for treatment shall be made to the
7 representative of the commission or probate judge of that county
8 who shall cause to be made an investigation into the physical
9 and mental condition of such child and the financial condition
10 of the family and the written certificate of the physician or
11 surgeon with reference to such child. It shall be the duty of
12 the probate judge to approve or reject such application, and if
13 approved, he may provide for such care and treatment in the
14 child's home, if possible, at local expense. If such treatment
15 cannot be provided, it shall be his duty to enter an order direct-
16 ing that such child be conveyed by one who is approved by the
17 commission to a hospital in the state selected by the attending
18 physician, and which has been approved and designated by the
19 commission for the care of afflicted children as herein defined.
20 Application for an order admitting an afflicted child to an
21 approved hospital as a state charge must be made not later than
22 10 days from date of admission. Such order shall carry the
23 date of application, and the effective date of the order which
24 in no case can be earlier than 10 days prior to date of the
25 application. Application may be made by the father, mother,
26 guardian, next of kin, husband, or wife, any peace officer,
27 custodian, health officer or publicly employed physician or
28 surgeon, and superintendent of the poor or officer of the county
29 or city welfare commission, or anyone else whom the probate judge
30 in his discretion approves.

Responsibility
of Commission,
Eligibility
of case as
State case

1 Sec. 6. Responsibility of commission. Upon receipt of such
2 order, it shall be the duty of the commission promptly to deter-
3 mine the eligibility of the case as a state charge. Upon the
4 issuance of such order by the probate judge the commission shall

Transfer to Crippled Act	5 become charged with the responsibility for the proper handling 6 of the case. The commission may transfer such child to some 7 other hospital for treatment better adapted to its needs, or if 8 the condition of the child becomes such that it classifies as 9 a crippled child, the commission shall transfer the child to a 10 hospital approved for the care of crippled children under the 11 crippled children's act, the intent of this act being that it 12 shall be the duty of the commission to secure for each child 13 such care and treatment as the particular necessities of the 14 case, in the opinion of the commission, may require.
Designation of Hospitals, Neuro- Psychiatric Institute, Sterilization	1 Sec. 7. Designation of hospitals. Any hospital which fulfills 2 the requirements as set forth in the rules and regulations 3 of the Michigan crippled children commission in force pursuant 4 to the provisions of this act may be approved for the care of 5 the afflicted child as herein defined: Provided, however, That 6 the state neuro-psychiatric institute shall not receive compen- 7 sation for patients admitted under this act: And provided 8 further, That approval of a hospital under this act shall not 9 include performance of operations for sterilization of mental 10 defectives as provided by Act 281 of the Public Acts of 1929.
Reporting Admission, Discharge, Request for Extension	1 Sec. 8. Hospital reports. Approved hospitals receiving patients 2 under the provisions of this act shall promptly report to the 3 commission on blanks to be provided by the commission for that 4 purpose, the date and hour of admission to and discharge from 5 such hospital, the name of the physician and/or the surgeon who 6 is in attendance, and such other information as the commission 7 may require. Notification of the admittance of an afflicted 8 child shall be made to the commission by the superintendent of 9 the hospital within 10 days. A discharge report, giving the 10 date of the discharge, and such other information as the com- 11 mission may require, must be filed within 1 week from date of 12 discharge. No bill for the care of a child shall be approved 13 unless an entrance and discharge report has been filed with the 14 commission. Each approved hospital shall report progress to the 15 commission on the treatment of all afflicted children remaining 16 in such hospital in excess of 15 days in the manner required by 17 the commission: Provided, That when the progress report sub- 18 mitted by the hospital does not indicate the need for further 19 acute care, the convalescent rates established by the commission 20 shall prevail.
Hospital Care and Treatment	1 Sec. 9. Hospital care and treatment. It shall be the duty of 2 the superintendent of said hospital, upon receiving such child, 3 to provide such child with proper hospital service, either in 4 the in-patient or out-patient service of the hospital. The
Hospital Supt. and Staff	5 staff of the hospital shall be responsible for the prompt and 6 proper medical or surgical treatment of the child except where 7 such child is under the care of a private physician or surgeon.

Type of	8	No child shall be sent to or received into said hospital unless
Acceptable	9	there is a reasonable chance for him to be benefited by the
Cases,	10	proposed medical or surgical treatment, and as an aid to the
Tuberculosis,	11	diagnosis, prognosis and treatment of such case, a complete
Communicable,	12	history of each case shall be furnished to the hospital and
Incurable	13	the commission by the examining physician upon request. Any
Mental,	14	child who shall be diagnosed after admission as a crippled
Method of	15	child as defined by the crippled children's act, or as suffer-
Transfer	16	ing at admission only from acute pulmonary tuberculosis, or
	17	only from any other communicable disease, or only from an incur-
	18	able mental illness or defect shall be retained in the hospital
	19	under this act only for such period as may be necessary to dis-
	20	charge him to his home or to the jurisdiction of some other
	21	state act for the care of afflicted children. Appropriate rules
	22	and regulations may be adopted to effectuate the transfer of
	23	patients pursuant to this section.

Boarding	1	Sec. 10. Boarding homes; convalescent and out-patient service.
Homes,	2	An afflicted child who has been assigned to an approved hospital
Convalescent	3	whose treatment can be rendered through the out-patient depart-
and Out-	4	ment of that hospital, may be assigned by the commission to a
Patient	5	boarding or convalescent home approved by the state department
Service	6	of public welfare, and supervised by that department, or any
	7	other agency approved by the commission, the cost of such con-
	8	valescent or boarding care and treatment to be billed to the
	9	state as provided for in the rules and regulations and in
	10	accordance with the rates and fees set by the commission.

Expenses of	1	Sec. 11. Expenses of commission. Expenses of the commission in
Commission;	2	carrying out the provisions of this act shall be paid pursuant
Cost of In-	3	to appropriations made by the legislature from time to time out
vestigation	4	of the general fund of the state. Appropriations for the pur-
and Medical	5	poses of this act made to pay the cost of investigations and
Treatment	6	treatment and for the use of the commission shall be made to the
Appropri-	7	commission and shall be separate and apart from appropriations
ations	8	to make effective the provisions of any other act.

Cost of In-	1	Sec. 12. Cost of investigation and report. The cost of the
vestigation	2	economic and medical investigation by this act shall be paid by
and Report;	3	the state according to such schedule of fees and expenses as
Rates set	4	shall be adopted by the commission: Provided, That no person
by Com-	5	in the employ of the state or any county shall be allowed any
mission;	6	compensation or traveling expense other than that provided by
Itemized	7	law. All claims for compensation shall be itemized for each
Statement	8	child and rendered monthly under oath to the commission. When
	9	such claims are found to be correct and approved, they shall be
	10	paid out of the general fund of the state, appropriated for that
	11	purpose.

Hospital
Accounting,
Examination
of Records,
Average per
Diem,
Maximum
Physician
Fees,
Statement of
Services
Rendered,
Payment of
Physicians,
Authority
for Schedule
of Fees,
Out-patient
Services,
Publication
Fee Schedules

1 Sec. 13. Hospital accounting. The superintendent of the
2 approved hospital shall keep a correct account of all hospital,
3 boarding or convalescent home services including all ordinary
4 care and such other necessities furnished to said child in
5 accordance with the hospital, convalescent or boarding homes'
6 rates as fixed by the commission. The hospitals' financial
7 records shall be open to audit by any person designated by the
8 commission. The commission shall pay for the day of admission
9 but not for the day of discharge. Hospitals shall be paid their
10 ward cost up to but not in excess of \$11.00 per day for acute
11 care and ward costs up to but not in excess of \$7.00 per day
12 for convalescent hospital and convalescent home care: Provided,
13 That no hospital shall be paid more per patient day than is
14 charged private patients for ward care: And provided further,
15 That no hospital shall be paid more per patient day than is
16 charged for the ward care of patients whose care is paid for out
17 of county funds. Cost as herein used shall be determined by the
18 commission in accordance with official bulletin 210--hospital
19 accounting and statistics of the American hospital association.
20 Professional fees shall not exceed \$90.00 for a major operation,
21 and in no case shall surgical and/or medical fees exceed \$200.00
22 to any 1 doctor for any 1 patient in a 12 month period. Said
23 superintendent and physician shall make and file with the com-
24 mission affidavits containing itemized statements of such ser-
25 vices rendered. No compensation shall be charged or allowed to
26 the admitting physician of any hospital; or to any physician,
27 surgeon or nurse who shall attend or treat any such child at
28 the hospital of the university of the state of Michigan, other
29 than the salary or compensation paid to such person by that
30 hospital: Provided, however, That said university hospital may
31 charge for the service of its resident staff if such child has
32 medical or surgical insurance coverage, said charge to be
33 against the medical service or insurance company providing that
34 service. Any physician or surgeon except residents treating any
35 such child at any hospital other than the hospital of the univer-
36 sity of Michigan shall bill the commission for compensation as
37 fixed by the commission, and paid by a separate warrant drawn
38 to his order. The commission shall fix schedules of compensation
39 to be paid to any hospital, physician or surgeon for the clinical
40 examination, treatment and out-patient care of an afflicted child.
41 The schedules of fees and rates herein provided for shall be
42 established and published by the commission at such time as the
43 commission may deem necessary.

Audit and
Payment of
Hospital
Expenses by
the
Commission

1 Sec. 14. Upon filing the affidavit with the commission, and
2 following the approval by the commission, it shall be the duty
3 of the auditor general to audit the same according to the rates
4 fixed by the commission and to draw an order on the treasurer
5 of the state of Michigan for the amount of such costs and for-
6 ward same to the approved hospitals. The compensation as fixed
7 and approved by the commission shall be paid to the physician

Auditor	8	or surgeon performing the services hereunder by a separate
General,	9	warrant drawn to his order and forwarded to him at his pro-
To Physicians	10	fessional address, except at the hospital of the university
Surgeons	11	of the state of Michigan. The warrant of the auditor
and	12	general for hospital services shall be made payable to the
Hospitals;	13	particular hospital rendering services hereunder and delivered
60 Day Limit	14	to it in payment of such services: Provided, That no crippled
on	15	child as defined by the crippled children's act, or any other
Hospital	16	child exempted by this act, shall be entitled to care to be
Billings	17	paid for by the state under this act. Payment shall be
	18	refused on any billing rendered 60 days or more after the
	19	discharge of the patient from the hospital.
Communicable	1	Sec. 15. Communicable diseases. All costs of care for com-
Diseases	2	municable diseases of afflicted children while in approved
	3	hospitals under this act shall be paid by the state and re-
	4	charged to the county from which the child was committed as
	5	provided in the laws dealing with the treatment of communicable
	6	diseases.
Transportation	1	Sec. 16. Transportation costs. The cost of transportation of
Costs	2	such child to and from such hospital shall be paid by the county
Afflicted	3	in which such child resides or from which said child was ad-
Children	4	mitted, and it shall be the duty of the county treasurer to
	5	pay such transportation expense out of the general fund of the
	6	county upon receipt of the proper certificate of approval
	7	thereof from the probate court or the commission.
Repayments,	1	Sec. 17. Payments by husband, parents or guardians. No child
Determination	2	shall be committed to any hospital for medical or surgical
Agreement to	3	treatment under this act until the husband, parents or guardians
Repay,	4	of such child have entered into an agreement with the state of
Collection	5	Michigan that they will repay, if they have been determined by
and	6	the commission and the probate judge to be financially able to
Remittance,	7	do so, the state of Michigan, for the actual cost of such
Reallocation	8	medical or surgical treatment on such terms as shall meet the
of	9	approval of the commission and the probate judge. Payment of
Collections,	10	such costs by such husband, parents or guardians shall be made
Certification	11	to the treasurer of the county from which the child was admitted,
of	12	in accordance with the agreement. Said treasurer shall forward
Categorical	13	to the commission on the fifteenth of each month all payments
Cases	14	received, and the commission shall duly credit the account,
	15	forward the moneys received to the treasurer of the state, who
	16	shall credit these payments to the fund for the cost of the
	17	care of afflicted children under this act. The probate judge
	18	may, where the child is found by him to be emancipated, accept
	19	the signature of such child in lieu and stead of the parent,
	20	guardian or husband, and in such cases as the probate judge finds
	21	the child to be neglected, abandoned, or deserted, or his
	22	parents a subject of public relief or social security so cer-
	23	tify to the commission in the order of admission.

Payment by State not Pauper Aid	1	Sec. 18. Payment by the state not pauper aid. Such charges as
	2	are paid by the state shall not be deemed to have been paid as
	3	state or pauper aid, and no person shall be deemed a pauper in
	4	consequence of his inability to pay for the care and treatment
	5	of a child in an approved hospital under this act.
Appropriation	1	Sec. 19. Appropriation. The cost of carrying out the pro-
	2	visions of this act shall be paid from money appropriated to
	3	the commission for that purpose by the legislature. Appropri-
	4	ations under this act made for the use of the commission and to
	5	reimburse the general fund for expenditures hereunder shall be
	6	separate and apart from appropriations under any other act.
Limitation of State Liability, Allocation of Funds, Revision of Allocation	1	Sec. 19a. Limitation of state liability.
	2	1. The appropriations made for any fiscal year for medical
	3	treatment of afflicted children or for any other service
	4	furnished under this act, shall be allotted in accordance with
	5	a schedule to be submitted by the commission and recommended for
	6	approval by the state budget director to the state adminis-
	7	trative board on or before the beginning of each fiscal year.
	8	Said schedule shall be based upon the equitable allocation to
	9	counties of the appropriation provided for the treatment of
	10	afflicted children which allocation shall be based solely upon
	11	the resources and needs of the respective counties as determined
	12	by commission. Nothing in this section shall prevent a revision
	13	of such schedule during the fiscal year when necessary to meet
	14	emergency conditions. It is the purpose of this section to so
	15	limit the liability of the state that the state will not be
	16	required to spend funds beyond the amount of each appropriation.
	17	This section shall be so construed as to effect this purpose,
	18	and it shall be absolutely binding upon each official or body
	19	concerned in the administration of the aforesaid appropriations.
Recharge to Counties, Surcharge to Counties	20	2. In the administration of the afflicted children's act the
	21	crippled children commission shall have the power to charge back
	22	to the county and to return to the probate judge or judges of
	23	each county bills for excessive or unnecessary hospitalization
	24	due to neglect of county authorities as in the discretion of the
	25	commission shall seem just and shall have authority to surcharge
	26	any county which has in the opinion of the commission unnecessarily
	27	used an amount in excess of its fair allocation of funds.
Federal Funds	1	Sec. 20. Funds received from federal government and/or other
	2	sources. The state treasurer shall (1) receive all funds granted
	3	to the state by the federal government and/or other sources for
	4	expenditures under the provisions of this act; (2) act as
	5	custodian of such funds; (3) keep them in a separate account;
	6	(4) and disburse the funds upon certification by the treasurer
	7	of the commission.

Provisions of
Act not
Compulsory

1 Sec. 21. Provisions of act not compulsory. No official or
2 agent, or representative, in carrying out the provisions of
3 this act, shall enter any home or take charge of any child
4 over the objection of the parents, or either of them or the
5 person standing in loco parentis or having other custody of
6 such child, and nothing in this act shall be construed as
7 limiting the power of a parent or guardian or person standing
8 in loco parentis to determine what treatment or correction
9 shall be provided for a child or the agency or agencies to be
10 employed for such purpose except by judicial order.

Penalty

1 Sec. 22. Any parent or guardian, official of hospital, physician,
2 employee of county or state or any other person found guilty of
3 wilfully making a false statement or of wilfully giving, accept-
4 ing, or concealing false information for the purpose of securing
5 aid under this act shall be guilty of a misdemeanor and shall be
6 punished by a fine of not more than \$500.00 or imprisonment in
7 the county jail for not more than 90 days. Any official of any
8 hospital or any physician who shall bill the state under the pro-
9 visions of this act for the care of a patient and also attempt
10 to force any parent, relative, or guardian of such patient or
11 the patient to pay an additional sum for such care, and who
12 shall be found guilty thereof, shall be punished in the same
13 manner.

1 Sec. 23. Act number 274 of the public acts of 1913, as amended,
2 being sections 12889 to 12895, inclusive, of the compiled laws
3 of 1929, is hereby repealed. All other acts and parts of acts
4 inconsistent with the provisions of this act are hereby repealed.

1 Sec. 24. Should any provision or section of this act be held
2 to be invalid for any reason, such holding shall not be construed
3 as affecting the validity of any remaining portion of such
4 section or this act, it being the legislative intent that this
5 act shall stand, notwithstanding the invalidity of any such pro-
6 vision or section.

1 Sec. 25. This act may be known and cited as the "afflicted
2 children's act".

This act is ordered to take immediate effect.

Approved June 16, 1939.

MICHIGAN CRIPPLED CHILDREN COMMISSION

Hospitals and Convalescent Homes
Approved for Care of Afflicted and Crippled Children

January 1, 1944

ALGER COUNTY

*Munising Hospital, Munising

ALLEGAN COUNTY

*Allegan County Health Center, Allegan

*William Crispe Hospital, Plainwell

ALPENA COUNTY

*Alpena General Hospital, Alpena

BARRY COUNTY

*Pennock Hospital, Hastings

BAY COUNTY

*Bay City General Hospital, Bay City

*Bay City Samaritan Hospital, Bay City

*Mercy Hospital, Bay City

BERRIEN COUNTY

*Mercy Hospital, Benton Harbor

*Pawating Hospital, Niles

*St. Joseph Sanitarium, St. Joseph

BRANCH COUNTY

*Branch County Health Center, Coldwater

CALHOUN COUNTY

*Community Hospital, Battle Creek

*James W. Sheldon Memorial Hospital, Albion

**Leila Y. Post Montgomery Hospital, Battle Creek

CHARLEVOIX COUNTY

*Charlevoix Hospital, Charlevoix

CHEBOYGAN COUNTY

*Community Memorial Hospital, Cheboygan

CHIPPEWA COUNTY

*War Memorial Hospital, Sault Ste. Marie

CLARE COUNTY

*Clare Hospital and Clinic, Clare

CLINTON COUNTY

*Clinton Memorial Hospital, St. Johns

CRAWFORD COUNTY

*Mercy Hospital, Grayling

DELTA COUNTY

*St. Francis Hospital, Escanaba

DICKINSON COUNTY

*Iron Mountain General Hospital, Iron Mountain

*Penn Iron Mining Company Hospital, Norway

EATON COUNTY

*Hayes-Green-Beach County Memorial Hospital, Charlotte

EMMET COUNTY

*Little Traverse Hospital, Petoskey

*Lockwood Hospital, Petoskey

GENESEE COUNTY

*Goodrich General Hospital, Goodrich

**Hurley Hospital, Flint

*St. Joseph Hospital, Flint

GOGEBIC COUNTY

*Grand View Hospital, Ironwood

*Wakefield Hospital, Wakefield

GRAND TRAVERSE COUNTY

*Central Michigan Children's Clinic, Traverse City

**James Decker Munson Hospital, Traverse City

GRATIOT COUNTY

*Carney-Wilcox-Miller Hospital, Alma

*R.B. Smith Memorial Hospital, Alma

HILLSDALE COUNTY

*Hillsdale Community Health Center, Hillsdale

HOUGHTON COUNTY

*Calumet Public Hospital, Laurium

*St. Joseph Hospital, Hancock

HURON COUNTY

*Harbor Beach Hospital, Harbor Beach

*Hubbard Memorial Hospital, Bad Axe

INGHAM COUNTY

*Edward W. Sparrow Hospital, Lansing

*St. Lawrence Hospital, Lansing

IRON COUNTY

*Crystal Falls Community Hospital, Crystal Falls

*General Hospital Company of Iron River, Stambaugh

ISABELLA COUNTY

*Central Michigan Community Hospital, Mt. Pleasant

JACKSON COUNTY

*Florence Crittenton Hospital, Jackson

*Mercy Hospital, Jackson

*W. A. Foote Memorial Hospital, Jackson

KALAMAZOO COUNTY

- *Borgess Hospital, Kalamazoo
- *Bronson Methodist Hospital, Kalamazoo

KENT COUNTY

- **Blodgett Memorial Hospital, Grand Rapids
- **Butterworth Hospital, Grand Rapids
- *Evangeline Home and Hospital, Grand Rapids
- **Mary Free Bed Convalescent Home, Grand Rapids
- **St. Mary's Hospital, Grand Rapids

LAPEER COUNTY

- *Lapeer City Hospital, Lapeer

LENAWEE COUNTY

- *Emma L. Bixby Hospital, Adrian

LIVINGSTON COUNTY

- *McPherson Memorial Hospital, Howell

LUCE COUNTY

- *Newberry Clinic Hospital, Newberry

MACOMB COUNTY

- **St. Joseph Sanitarium and Hospital, Mt. Clemens

MANISTEE COUNTY

- *Mercy Hospital and Sanitarium, Manistee

MARQUETTE COUNTY

- *Ishpeming Hospital, Ishpeming
- *Northern Michigan Children's Clinic, Marquette
- **St. Luke's Hospital, Marquette

MASON COUNTY

- *Paulina Stearns Hospital, Ludington

MECOSTA COUNTY

- *Community Hospital, Big Rapids

MENOMINEE COUNTY

- *St. Joseph's Hospital, Menominee

MONROE COUNTY

- *Mercy Hospital, Monroe

MONTCALM COUNTY

- *Edmore Hospital, Edmore
- *Kelsey Hospital, Lakeview
- *United Memorial Hospital, Greenville

MUSKEGON COUNTY

- *Hackley Hospital, Muskegon
- *Mercy Hospital, Muskegon

NEWAYGO COUNTY

- *Gerber Memorial Hospital, Fremont

OAKLAND COUNTY

- **Pontiac General Hospital, Pontiac
- **St. Joseph Mercy Hospital, Pontiac

OCEANA COUNTY

- *Oceana Hospital, Hart

OGEMAW COUNTY

- *Tolfree Memorial Hospital, West Branch

ONTONAGON COUNTY

- *Ontonagon Hospital, Ontonagon (Approved for emergency cases only)

OSCEOLA COUNTY

- *Reed City Hospital, Reed City

OTTAWA COUNTY

- *Grand Haven Municipal Hospital, Grand Haven
- *Holland City Hospital, Holland
- *Huzinga Memorial Hospital, Zeeland

SAGINAW COUNTY

- **Saginaw General Hospital, Saginaw
- *St. Luke's Hospital, Saginaw
- **St. Mary's Hospital, Saginaw

ST. CLAIR COUNTY

- *Port Huron Hospital, Port Huron
- *St. Clair Community Hospital, St. Clair

ST. JOSEPH COUNTY

- *Sturgis Memorial Hospital, Sturgis
- *Three Rivers Hospital, Three Rivers

SCHOOLCRAFT COUNTY

- *Shaw General Hospital, Manistique

SHIAWASSEE COUNTY

- *Memorial Hospital, Owosso

TUSCOLA COUNTY

- *Caro Community Hospital, Caro

VAN BUREN COUNTY

- *South Haven Hospital, South Haven

WASHTENAW COUNTY

- **St. Joseph Mercy Hospital, Ann Arbor
- **University Hospital, Ann Arbor

WAYNE COUNTY

- **Children's Hospital, Detroit
- *Delray General Hospital, Detroit
- ***Detroit Orthopedic Clinic and
George H. Cummings Memorial Hospital School, Detroit
- *East Side General Hospital, Detroit
- *Edyth K. Thomas Memorial Hospital, Detroit

WAYNE COUNTY (Continued)

- *Evangelical Deaconess Hospital, Detroit
- *Florence Crittenton Hospital, Detroit
- **Grace Hospital, Detroit
- **Harper Hospital, Detroit
- **Henry Ford Hospital, Detroit
- *Herman Kiefer Hospital, Detroit (Approved for obstetrical cases only)
- *Highland Park General Hospital, Highland Park
- *McGregor Health Foundation, Detroit
- **Mount Carmel Mercy Hospital, Detroit
- *Parkside Hospital, Detroit
- **Providence Hospital, Detroit
- *St. Francis Hospital, Hamtramck
- **St. Joseph Mercy Hospital, Detroit
- **St. Mary's Hospital, Detroit
- *Saratoga General Hospital, Detroit
- *Shurley Eye, Ear, Nose & Throat Hospital, Detroit
- *Trinity Hospital, Detroit
- *William J. Seymour Hospital, Eloise
- **Woman's Hospital, Detroit
- **Wyandotte General Hospital, Wyandotte

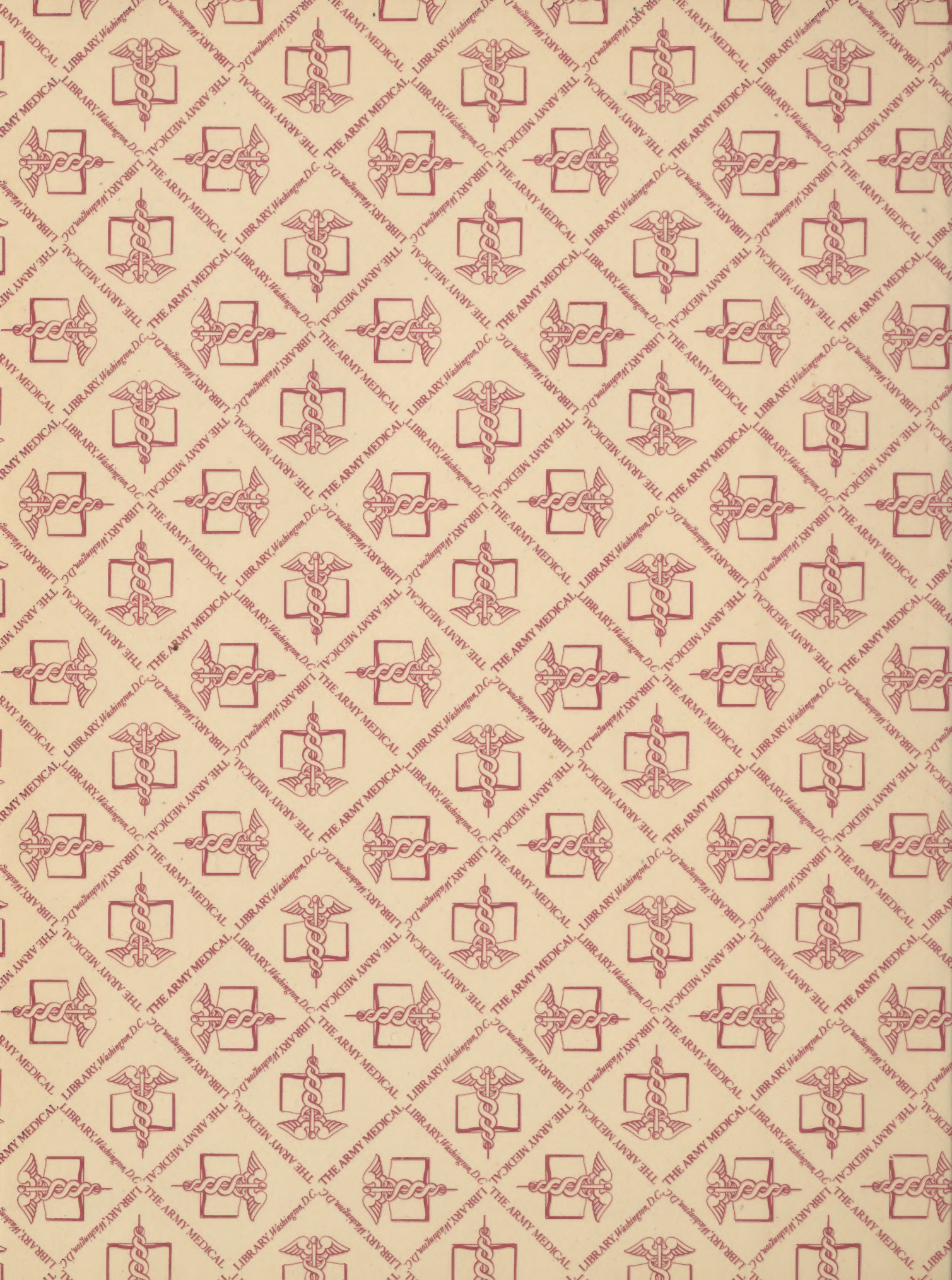
WEXFORD COUNTY

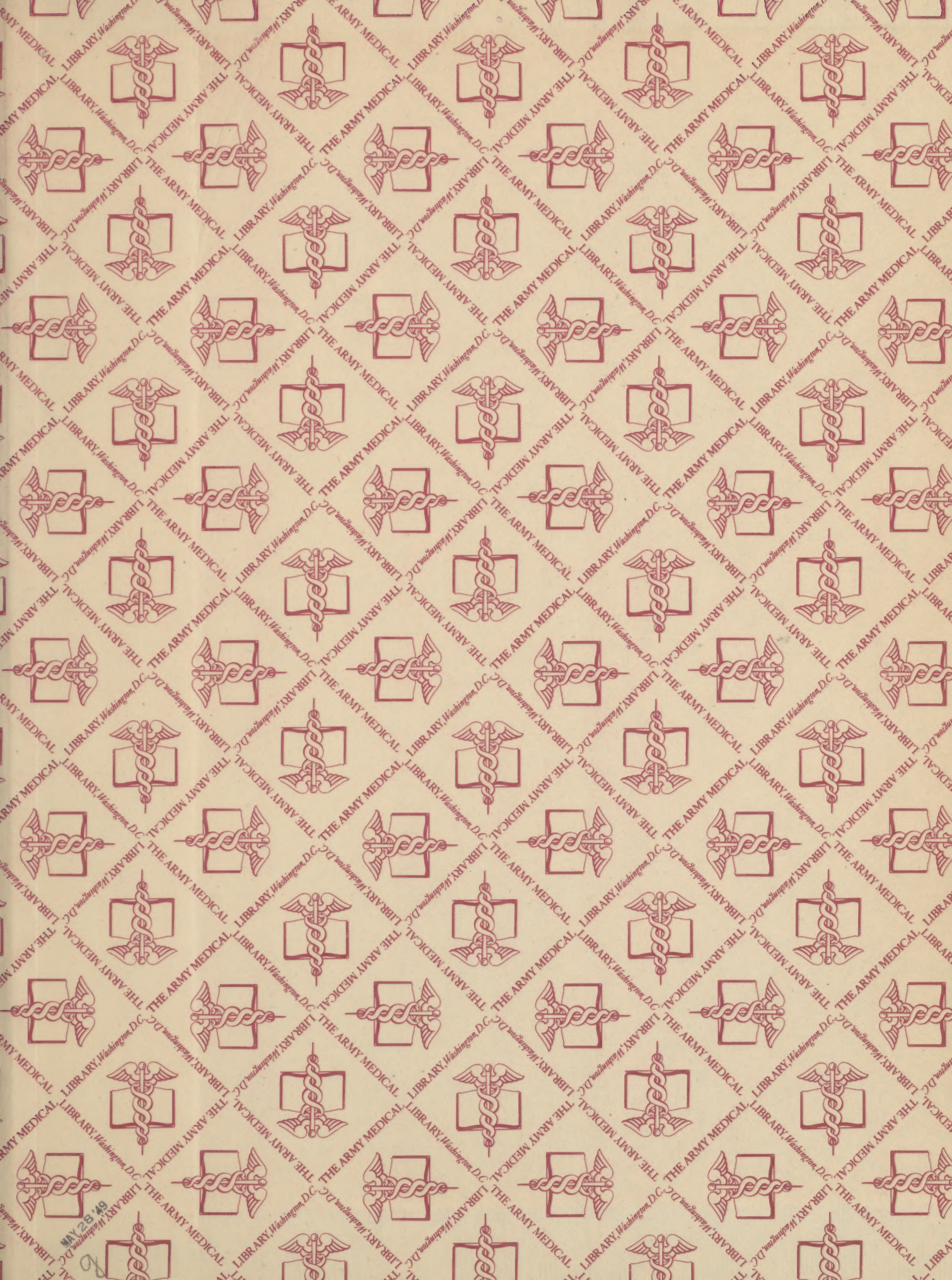
- *Mercy Hospital, Cadillac

*NOTE: The Salvation Army Home and Hospital, 130 W. Grand Blvd., Detroit 16, Michigan, Wayne County, was approved for care of pregnancy cases only on 1-11-44.

- *Approved for care of afflicted children only.
- **Approved for care of both afflicted and crippled children.
- ***Approved for care of crippled children only.

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